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(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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SECRETARY OF STATE
SIVISION OF CORPORATIONS
08 FEB - L AM S: L3

J. BRYAN

FEB - 5 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	•	
SUBJECT: Resignation		
(Name of Limited	Liability Company)	
The enclosed member, managing member or ma filing.	inager resignation and fee(s) are submitted for	
Please return all correspondence concerning this	s matter to:	
Peter Jallum	08	SIANO
(Contact Person)	08 FEB4 AM 8: 43	DIVISION OF COM
		0011
(Firm/Company)		9
12140 NW 10th Street) }
. (Address)		
Coral Springs FL 33071		
(City/State and Zip Code)		
For further information concerning this matter,	please call:	
Peter Jallumat	954 825-3301	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the \$25 Filing Fee	ne Florida Department of State for: \$55 Filing Fee &	
Ψ φ23 i milg i ee	Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	vility company was organized und	ler the laws of:		08 FEB
Florida		_•		դ- Ց
. The Florida doc L0600000	ument/registration number of this	s limited liability compan	y is:	AM 8: 4:3
ւլ, Peter Jallւ	ım	_, hereby resign as a Ma	anager	
(Print 1	lame of Person Resigning)		(Print Title)	
of this limited lia resignation in wi	bility company and affirm the lin iting.	nited liability company h	as been notified	d of my
77/				
Signature of Res	igning Member, Managing Mem	ber or Manager		
	,			
	\$25.00 (Dagwinst)			
iling Fee: 'ertified Copy:	\$25.00 (Required) \$30.00 (Optional)			