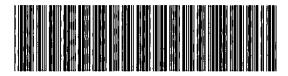
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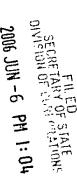
(Re	equestor's Name)		
(Ad	ldress)	 	
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(Cit	ty/State/Zip/Phone	e #)	
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Conexion Latina, LLC (Name of Limit	ted Liability Company)		
Dear Sir or Madam:	,		
The enclosed Resignation of Member, Managing	Member or Manager and fee(s) are submitted for	filing.	
Please return all correspondence concerning this r	natter to the following:		
Kristen M. Jackson		200	S S
(Name of Person)		NOT 9002	
The KM Jackson Law Firm PA		X -6	PIAR TAR
The KM Jackson Law Firm, PA (Firm/Company)		5 PH	34E
5728 Major Blvd, Suite 600		H 1: 04	S FATE THE AT LOSS
(Address)		_	10
Orlando, FL 32819			
(City/State and Zip Code)			
For further information concerning this matter, ple	ease call:		
Kristen M. Jackson	at (407) 363-9020		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:			
✓ \$25 Filing Fee CR2E079 (8/05)	\$55 Filing Fee & Certified Copy		



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Louis DelValle	_, hereby resign as Manager and Member MGP (Title)	M
of Conexion Latina, LLC	,	
(Limited Liabilit	y Company)	
a limited liability company organized under the law	s of the State of Florida,	
and affirm that the limited liability company has be	en notified in writing of the resignation.	
Mil DILA		
(Signature of resigning manager, n	nanaging member or member) 286	SECRE I
	-6 -8	77.77.77.77.77.77.77.77.77.77.77.77.77.

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314