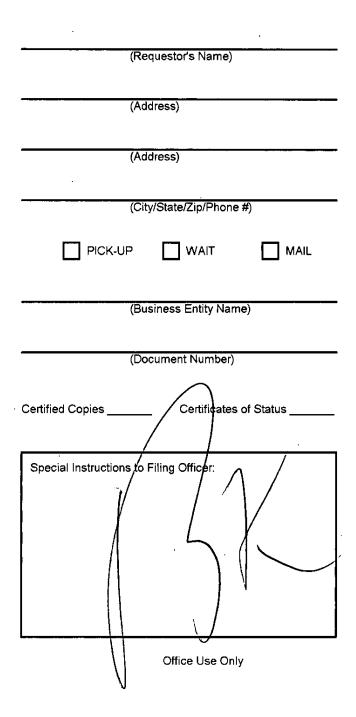
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SECRETARY OF STATE

# EXPRESS CORPORATE FILING SERVICE INC. Requestor's Name 1000 PONCE DE LEON BLVD. SUITE:101 Address CORAL GABLES, FL 33134 (305) 444-4994 City/State/Zip Phone #

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OFFICE USE ONLY

## CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

(Corporation Name)	(Document #)
(Corporador, Name)	(Document #)
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
Walk in Pick up	time Certified Copy
Mail out Will wai	
NEW FILINGS	AMENDMENTS
	Amendment
Profit	
Profit NonProfit	Resignation of R.A., Officer/ Director
<u> </u>	Resignation of R.A., Officer/ Director  Change of Registered Agent
NonProfit	

OTHER FILINGS		
	Annual Report	
	Fictitious Name	
	Name Reservation	

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other

Examiner's	Initials	



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER EDOM EL ODIDA OD FODELON LINGTED LIABILITY COMPANY FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the limited liability cor	nnany as it annears on the re	ords of the Florida Denartment
of State is: MC MULTIPLE	• • . • •	<u>-</u>
of State is.	) DECEPTIONS FE	<u> </u>
2. This limited liability company was of FLOFIDA	organized under the laws of:	
3. The Florida document/registration n	umber of this limited liability	company is:
L06000009933	·	
4. I, LEONALDO S PASTRANA  (Print Name of Person Resigning)	, hereby resign	as a MGRM
(Print Name of Person Resigni	1g)	(Print Title)
resignation in writing.  Signature of Resigning Member,-Ma	naging Member or Manager	
State of Florida	The foregoing instrument wa	s acknowledged before
County of MIAMI-DADE	me this 20 day of MAO	CH 2007
	by P. 236 - 537 - 56	,-309-0. DEIVERS LICENSE
who is personally known to me or who has produced		
NOTARY PUBLIC-STATE OF FLORIDA  Edward DiCrosta  Commission # DD566496  Expires: JUNE 20, 2010  BONDED THRU ATLANTIC BONDING CO., INC.	Type of Identification.	EN'E
	FOW ADD OF CEOS	·· •