L06000010954

(Requestor's Name)					
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(Address)					
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(City/State/Zip/Phone #)					
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☐ PICK-UP	☐ WAIT	MAIL			
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(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
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Special Instructions to Filing Officer:					
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEF FLORIDA

COVER LETTER

TO:	Registration Section Division of Corporations	
SUB	JECT: A.S.R.R. LLC	
	(Name of L	imited Liability Company)
The e		or manager resignation and fee(s) are submitted for
Pleas	e return all correspondence concernir	ng this matter to:
Ana	a Sigler	
	(Contact Person)	
A.S.	.R.R. LLC	
	(Firm/Company)	
983	0 SW 77 Ave. Suite #135	<u> </u>
Mia	mi, Florida 33156	
-	(City/State and Zip Code)	
For fi	urther information concerning this ma	atter, please call:
Ana	Sigler	at (305) 598-0098
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclo	osed please find a check made payable \$25 Filing Fee	e to the Florida Department of State for: \$55 Filing Fee & Certified Copy
Regis Divis Clifto 2661	EET/COURIER ADDRESS: stration Section ion of Corporations on Building Executive Center Circle hassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

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CR25079 (5/06)



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

i. The name of the	limited liability company as A.S.R.R.L.	it appears on the records o	the Florida Departme
2. This limited liabi Florida	lity company was organized	i under the laws of:	
3. The Florida docu L06000010		f this limited liability compa	any is:
4. I, Roberto Re		, hereby resign as a	nember
,	ame of Person Resigning)	e limited liability company	(Print Title)
resignation is wri		e mined haomily company	has been hoursed or in
	Jums		
`Signature of Resi	gning Member, Managing N	dember of Manager	
Filing Fee:	\$25.00 (Required)		•
Certified Copy:	\$30,00 (Optional)		