

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000247713 3)))



H090002477133ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

L. SELLERS

To:

Division of Corporations

Fax Number : (850)617-6383

NOV 3 0 2009

From:

Account Name : FOWLER WHI

. FOWLER WHITE BOGGS P. EXAMINER

Account Number : 120010000243 Phone : (239)334-7892 Fax Number : (239)985-4846

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Emil Address: yorkebooks@bigpond.com.au

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ROSMIC LLC

RECEIVED

9 NOV 25 AH 10: 17

SECHELARY OF STATE

NLAHASSEE, FLORIDA

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

SECRETARY OF STATE 1/25/2009

CR2E079 (3/06

## COYER LETTER

TO: Registration Section Division of Corporations
SUBJECT; ROS MUC LLC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted fo filing.
Please return all correspondence concerning this matter to:
Garey F Butler (Contact Person)
Fowler White Boggs P.A.
2235 First Street
Fort Myers FL 33901 USA (CityState and 22/2 Code)
For further information concerning this matter, please call:
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed puese find a check made payable to the Florida Department of State for.  \$25 Filing Fee \$\times \text{Certified Copy}\$
STREET/GOURIER ADDRESS: Registration Section Division of Corporations Cliffon Building Cliffon Building Division of Corporations Cliffon Building P.O. Box 6327 Z661 Executive Center Circle Tallahassee, Florida 32314



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the lim of State is:	ited liability company as it appears on the records of the Florida Depa	rtment		
	company was organized under the laws of:			
	ent/registration number of this limited liability company is:			
of this limited habitances in the resignation in the right	ASH DE		ina	ger
Filing Fee:	ing Member, Managing Member or Manager  \$25.00 (Required) \$30.00 (Optional)			
Cettitied Copy.		TAL	00	
CR2607 <b>9 (5/06)</b>		LAHAS	) NOV 2	11