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SECRETARY OF STATE OF VISION OCT 18 PH 12: 0:



COVER LETTER

COV	ek eel i e		
TO: Registration Section Division of Corporations			
SUBJECT: SOUTHEAST ACCESSOI (Name of Lin	RIES LLC	npany)	-
Dear Sir or Madam:			
The enclosed Resignation of Member, Managing	g Member or M	anager and fee(s) are submitted for	or filing.
Please return all correspondence concerning this	matter to the fo	ollowing:	
KRISTIAN HOLO			
(Name of Person)		- .	
SOUTHEAST ACCRESSORIES LL	_C	_	71V 201
(Firm/Company)			86 06 85 06
8708 JASMEEN GARDEN CT		_	SECRETARY OF STATEMENT OF CORPORATION
(Address)			1
TAMPA, FL 33615			112: 02
(City/State and Zip Code)		_	02 02
For further information concerning this matter, p	olease call:		
KRISTIAN HOLO	_ _{at (_} 813	928-6315	_
(Name of Person)	(Area Code	e & 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)		S55 Filing Fee & Certified Copy	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, IMRAN KHAN	, hereby resign as MANAGING MEMBER (Title)
of SOUTHEAST ACCESSORIES LLC (Limited Liability)	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.
(Signature of resigning manager, r	SECRE FAILED SECRE FAIL FILED ALTON AND FILED SECRE FAIL FILED SECRE FAIL FILED ALTON AND FILED SALATE AND F

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