## 

Edurards (Requestor's Name)
1109 NE 2 ST (Address)
(Address)
(Address)
Hallandale, FL 33009 (City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



•

04/16/07--01048--009 \*\*25.00

O7 APR 16 PH 3: 3:
SECRETARY OF STATE
TALLAHASSEE FLORIN





## 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 limited liability company as it appears on the records of the Florida Department of State is:
2. This limited liability company was organized under the laws of:  Florida  APR  APR  APR  APR  APR  APR  APR  AP
3. The Florida document/registration number of this limited liability company is:
4. I, Bradley 5. Edwards, hereby resign as a Manging Member (Print Name of Person Resigning) (Print Title)  of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.
Signature of Resigning Member, Managing Member or Manager

Filing Fee: Certified Copy:

\$25.00 (Required) \$30.00 (Optional)