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

Office Use Only



900221166789

02/23/12--01015--005 **25.00

THED

12 FEB 23 MIII: 12

MEGINE PARY OF STATE ALLAHASSEE, FLORIDA

D. BRUCE
FEB 24 2012
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ALL IN 1, LLC (Name of Limited Liability Cor	mpany)
The enclosed member, managing member or manager resigning.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
ARCHIE J. RYAN III	
(Contact Person)	
RYAN & RYAN LLC	
(Firm/Company)	- 完成 12
700 EAST DANIA BEACH BOULEVARD	CAHA
(Address)	- SSE 23
DANIA BEACH, FL 33004	FF STAIL D
(City/State and Zip Code)	
For further information concerning this matter, please call:	Dri ro
ARCHIE J. RYAN III at (954	920-2921
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



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 of State is: ALI		s it appears on the records of th	e Florida Department
2. This limited liab	ility company was organized	d under the laws of:	
3. The Florida doc L06000020	_	f this limited liability company	is:
4. I, GERALD	CANNIS Jame of Person Resigning)	, hereby resign as a MG	(Print Title)
	bility company and affirm th	ne limited liability company has	,
Signature of Res	igning Member, Managing N	Member or Manager	FIL 2 FEB 23 LAHASSEL
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		E FEORI