1000000 29550

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	· #)
, ,	,	•
PICK-UP	MAIT	MAIL
/Rue	iness Entity Nam	
(Dusi	mess Entry Nam	10)
/Doo	somewhat Name to and	
(000)	ument Number)	
0 to :		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
		Marie Paris
		ĺ
	••••	

Office Use Only



600080381216

34706/06--01010--021 **S5.00

SECRETARY OF STATIONS
INTERIOR CORPORATIONS
OF OCT -5 PM 3: 02

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Good fellow (Name of Limited L	Export L.C.C iability Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing Men	nber or Manager and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
Karin Goodfellaw (Name of Person)	06 OCT
goodfellow Expor	
5403 Howerhill R	dN #233
West Palm Beach, K. (City/State and Zip Code)	CL 33407
For further information concerning this matter, please	call:
	SQL 683-3818 Area Code & 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	\$55 Filing Fee & Certified Copy
CD 2E070 (9/05)	/) Outline Outly



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Orjan Lindroth hereby resign as mana (Title)	ger	_
of Goodfellow Export UC (Limited Liability Company)	······;	
a limited liability company organized under the laws of the State of	<u>o</u> .	a
Jamo	D	
(Signáture of resigning manager, managing member or member)	06 OCT -6 PI	CRETARYOR
	A 3: 02	STATEM

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