

LO6000031515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

LO6-31515

(Document Number)

Certified Copies 1 Certificates of Status \_\_\_\_\_

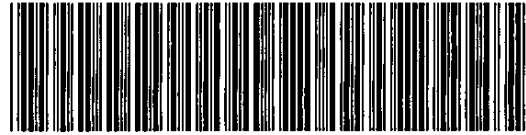
Special Instructions to Filing Officer:

12/6 mem Res.

210 & date

Office Use Only

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SECRETARY OF STATE  
JAIL AHASSEFF FLORIDA

06 DEC -6 PM 2:41

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Flex LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Hui S. Pohl  
(Contact Person)

Flex LLC  
(Firm/Company)

746 Brandeis Ave  
(Address)

Panama City, FL 32405  
(City/State and Zip Code)

For further information concerning this matter, please call:

Hui S. Pohl at ( 850 ) 215-1901  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee &  
Certified Copy

**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



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: Flex LLC

2. This limited liability company was organized under the laws of:  
State of Florida

3. The Florida document/registration number of this limited liability company is:  
L06000031515

4. I, Rinico Swarengin, hereby resign as a Manager  
*Rinico*  
(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]*  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

**FILED**  
06 DEC -6 PM 2:41  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA