L060000 40133

(Requ	uestor's Name)	
(Addr	ess)	
. (Addı	ess)	
— (City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Docu	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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10/23/07--01059--020 **110.00

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COVER LETTER

TO:	Registration Section	
	Division of Corporations	

Cole: Sha

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

Please return all correspondence concerning this matter to:

(Contact Person) (Firm/Company) (City/State and Zip Code)

For further information concerning this matter, please call:

(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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	imited liability company as it appears on the records of the Florida Department ble & Sharp Development LLC.
2. This limited liabi	lity company was organized under the laws of:
<u> </u>	Thent/registration number of this limited liability company is: E-Cole hereby resign as a Munaury Rambu
	me of Person Resigning), hereby resign as a MUNGUNE ARTIMETER
of this limited liab resignation in writ	ility company and affirm the limited liability company has been notified of my ing.
Inlier	E Cale
Signature of Resig	ning Member, Managing Member or Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)