L060000041319

(Re	equestor's Name)						
(Address)							
(Ad	ldress)						
(Cit	ty/State/Zip/Phone	e #)					
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies	Certificates	of Status					
Special Instructions to	Filing Officer:	,					
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SECRETARY OF STATE OF CORPORATIONS OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE Division of Corporations

RESPONSE (CORRECT) FORCY

July 18, 2007

JOSE AZEVEDO PLANUS VENTURE, LLC 601 SW 57TH AVE STE. G MIAMI, FL 33144

SUBJECT: PLANUS VENTURE, LLC

Ref. Number: L06000041319

SECRETARY OF STATE OF STATE OF CORPORATIONS OF AUG 13 PH 2: 48

We have received your document for PLANUS VENTURE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist

Letter Number: 807A00045356

៊ីនៃស្រាស់ Nort ស្រាស្មែនបំព័ន្ធសម្រាំ មា<mark>នជ</mark>ានិសាស់សេខ នេះប៉ង្គិសា នេះការប្រយុទ្ធសម្រាស់ ស្ត្រី សាសមានស

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: PLANUS VENTURE (Name of Limited Liabili	ty Company)
The enclosed member, managing member or manager filing.	
Please return all correspondence concerning this matter	er to:
JOSE AZEVEDO	
(Comment Forson)	
PLANUS VENTILE LLC (Firm/Company)	· .
(Firm/Company)	•
GOI SW 57 and Ste	
(Address)	,
(City/State and Zip Code)	·
(City/State and Zip Code)	
For further information concerning this matter, please	call:
Name of Contact Person) at (Area (Area	05 2642001
(Name of Contact Person) (Area	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Floring Fee	rida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations
2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	rananasses, rionaa sasta

CR2E079 (5/06)

OVERDA OF CORPORATION



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 li	mited liability co	ompany as it appe	ears on the	records of t	he Florida Dep	artme	ent
of State is: P	_			le			
							_
2 This limited liabili	·		the lease a	e.			
2. This limited liabili		organized under OPG DA	the laws o	Γ:			
ZIME	<u> </u>	NADIA.			•		
3. The Florida docum	nent/registration	number of this li	mited liabil	lity compan	y is:		
L0600	00 41 31	9					
						,	
4. I, ARTUR N (Print Nam	MARANITA	D DE SOUZAI	nereby resig	gn as a	DIRECTOR	<u>:/ N</u>	<u>i</u> GRM
of this limited liabil		d affirm the limite	ed liability	company ha	as been notifie	d of n	ny
resignation in writi	ng.						
/ \ \ \	7 11 0						0
Signature of Region	211	()V(1				07 /	NS:
Signature of Resign	ning Member, M	lanaging Member	or Manage	er ,)7 AUG	
			4			<u></u>	SET
Filing Fee:	\$25.00 (Requi	red) (pAnd 33	(00)				88 13 12 13 13 13 13 13 13 13 13 13 13 13 13 13
Certified Copy:	\$30.00 (Option	nal)	,	,		~>	F SI
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