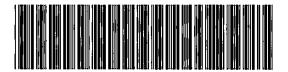
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LECKO HOLD (Name of Limited Liability Con	INGS, LLC
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing Member or M	anager and fee(s) are submitted for filing
Please return all correspondence concerning this matter to the fo	ollowing:
JOHN KOVACS (Name of Person)	_
LECKO HOLDINGS, LLC (Firm/Company)	-
12908 SW 133 COURT (Address)	_
MIAMI FL 33186 (City/State and Zip Code)	_
For further information concerning this matter, please call:	
JOHN KOLACS at (786 (Name of Person) (Area Code	573 - 2565 e & 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
CR2F079 (8/05)	Certified Copy



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, LIANY	BENEON	, hereby resign as _	MAJAGER (Title)		
of <i>L</i>	_ECKO HOLD (Limited Lia	INGS, LLC bility Company)			
a limited liability company organized under the laws of the State of FLORIDA					
and affirm that the limited liability company has been notified in writing of the resignation.					
XBenedi					
<u>(S</u>	ignature of resigning manage	r, managing member or	member)		

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

06 JUL 17 PH 3: 37
SECRELARY OF STATE