## (00000)045474

(Requestor's Name)					
(Address)					
(Address)					
(Addiess)					
•					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
•					
- (Business Entity Name)					
(2)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Openial instructions to 1 ming Officer.					
·					

Office Use Only



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OB MAY 12 PM 3: 50
SECRETARY OF STATE

D. BRUCE

MAY 1 3 2008

**EXAMINER** 



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	nited liability company as it a		-	artment
2. This limited liabilit	y company was organized un	der the laws of:		
	ent/registration number of thi		any is:	
(Print Nam	FNEZ O e of Person Resigning)		(Print Title)	
of this limited liabili resignation in writin	ity company and affirm the ling.	nited liability company	has been notified	ofmy
Signature of Resign	ing Member, Managing Mem	ber or Manager		
Filing Fee: Certified Copy:			SEG	08

CR2E079 (5/06)