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(Re	questor's Name)	
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SECRETARY OF STATE OF CORPORATIONS

J. BRYAN SEP - 5 2006

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: AZ MOFENO INSPECTIONS (Name of Limited Liability Company)	
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for	r filing.
Please return all correspondence concerning this matter to the following:	
(Name of Person)	96.
AL Moreno Inspections (Firm/Company)	06 SEP 31 PM
	3
7119 Cane Hills Circle	24
(Address)	မှာ ယ သ
Orlando, FL 32819 (City/State and Zip Code)	ω
For further information concerning this matter, please call:	
AL Moreno at 407, 3542256	
(Name of Person) (Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Clifton 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 \$\times \text{S55 Filing Fee & Certified Copy}	

CR2E079 (8/05)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, <u> </u>	Sabine	e Morens	hereby resign as	Managing Member	_
	^			()	
of	176	Moreno	In spections Liability Company)	LLC	
		(Limited I	Liability Company)		
a limited lia	bility company	y organized under th	ne laws of the State of	Florida,	
and affirm t	hat the limited	liability company h	nas been notified in writin	g of the resignation.	
		S. More	no		
	(Signatur	e of resigning mana	ger, managing member of	r 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

SECRETARY OF STATE DIVISION OF CORPORATION OF CORPORATION OF CORPORATION OF SEP 31 PM 3: 33