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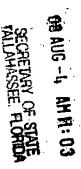
(Re	questor's Name)	_
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PiCK-UP	WAIT	MAIL .
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Certified Copies	Certificates o	of Status
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Special Instructions to	Filing Officer:	

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M. THOMAS

AUG - 5 2000

EXAMINER

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: Internationa (Name of Limited)	I Investments (
The enclosed member, managing member or ma filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this Pamela Defore	matter to:
(Contact Person)	
(Firm/Company)	
11635 Meridian Poin	nt DR
Tampa FL 33624 (City/State and Zip Code)	
For further information concerning this matter, p	blease call:
Pamela Detore at (Name of Contact Person)	(813) 679-3290, (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to th	
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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: International Investments Lieuwest	
2. This limited liability company was organized under the laws of: Florida 2. This limited liability company was organized under the laws of:	1
3. The Florida document/registration number of this limited liability company is: LOGOSS 30 2	
4. I. <u>Panela Detore</u> , hereby resign as a <u>Managing membersion (Print Name of Person Resigning)</u> , hereby resign as a <u>Managing membersion (Print Pitte)</u>	ભ
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.	
Signature of Resigning Member, Managing Member or Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	