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D. BRUCE

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**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: R.I.C.I. LLC (Name of Limite	ed Liability Company)	
The enclosed member, managing member or rafiling.	nanager resignation and	fee(s) are submitted for
Please return all correspondence concerning the	nis matter to:	•
Gwen Martin		
(Contact Person)	<del></del>	
(Firm/Company)		101 3et 14(L)
5332 SW 28th Place		MAR 29 LETARY Allasse
Cape Coral, FL 33914		PM 1:20
(City/State and Zip Code)  For further information concerning this matter	, please call:	)
Gwen Martin	<sub>at (</sub> 239 <sub>)</sub> 940-25	570
(Name of Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed please find a check made payable to  \$25 Filing Fee	the Florida Department of \$55 Filing For Certified	ee &
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registratio Division of P.O. Box 6	f Corporations

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 of State is: Flor	limited liability company as	it appears on the records o	f the Florida De	partment 
2. This limited liab	ility company was organized	l under the laws of:		
3. The Florida docu L06000066	ment/registration number of	f this limited liability compa	any is:	
		, hereby resign as a N		
•	ame of Person Resigning)  oility company and affirm th  ting.	e limited liability company	(Print Title) has been notifie	d of my
Shien	Martin	Garahan an Managan		
Signature of Resi	gnìng Member, Managing M	tember of Manager	<b></b>	
	\$25.00 (Required) \$30.00 (Optional)		TELARETHAY ALLAHASSE	

CR2E079 (5/06)