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J. BRYAN
MAY -4 2010
EXAMINER

TO: Registration Section Division of Corporations	
SUBJECT: CAMASI, LLC (Name of Limited Liability Com-	npany)
The enclosed member, managing member or manager resigniling.	nation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
Carlos M. Sierra	
(Contact Person) Camasi, LLC c/o Brooklyn Boys Pizza	HO HAY-
(Firm/Company) 9967 Glades Road	HAY-3 PM 6: 21 CRETARY OF STATE LAHASSEE, FLORE
Boca Raton, FL 33434	PATE ORDE
(City/State and Zip Code) For further information concerning this matter, please call:	
Carlos M. Sierra at (561 (Area Code	2 477-3663 & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$35	Department of State for: S55 Filing Fee & Certified Copy
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 l of State is: CAN	imited liability company as it	appears on the records	of the Florid	la Depai	ਤ * • •	-4·
2. This limited liabil	ity company was organized ι	inder the laws of:		RETARY OF STA	AY -3 PH 6:21	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・
3. The Florida document	ment/registration number of t	his limited liability con 	npany is:	長		
4. I, Dora E. Ca	llejas me of Person Resigning)	, hereby resign as a	Manager (Print	Mem	ber	
of this limited liab resignation in writ	ility company and affirm the ing.	limited liability compa		•	of my	
	efus D ming Member, Managing Me	mber or Manager				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					