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(Requestor's Name)		
·		
(Address)		
(1.183.1833)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
(Boodinione (Mindol)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer		
Special Instructions to Filing Officer: L SELLERS		
L. SLLLLI		
MAY - 6 2008		
EXAMINER		
James G. Connection		

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Sagaro + Mgia Ho (Name of Limited Liability Co	Idings, UC
The enclosed member, managing member or manager resifiling.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to	:
Alberto Megia	_
	-
(Firm/Company)	,
3360 Paddock Roace (Address)	_
(Address)	
Wester to 33331	_
(City/State and Zip Code)	
For further information concerning this matter, please call	:
Albah Mejia at (934) (Name of Contact Person) (Area Code	931-1776
(Name of Contact Person) (Area Cod	e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida	Department of State for:
	\$55 Filing Fee &
,	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



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:	limited liability company a	as it appears on the records of	of the Florida Department
2. This limited liabi	lity company was organize	ed under the laws of:	
	ment/registration number	of this limited liability comp	any is:
4. I, Albert	ho Mejia ame of Person Resigning)	, hereby resign as a 🖺	Managing Memba (Pridi Title)
of this limited lial resignation in wn	, , , ,	the limited liability company	has been notified of my
Signature of Resi	gning Member, Managing	Member or Manager	ZOOR MAY SECRE
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		Y-2 M 8: 46 HASSEE, FLORII