## L0600008990

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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2007 JUL 30 PM 2: 00
SECRETARY OF STATE

## COVER LETTER ...

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CR2E079 (5/06)

TO: Registration Section Division of Corporations	
SUBJECT: MAFE MUESTING	
(Name of Limited Li	ability Company)
The enclosed member, managing member or manafiling.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this n	natter to:
WARK CHAUES (Contact Person)	
CHAVES + ARMSTROND 1A (Firm/Company)	
	Special Section 5
98-30 5-W 17 AVENUE SUITE 12	·
(Address)	
Mitmi, FLORIDA 33156 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, ple	ease call:
WARK CHAUSS at (	305 ) 403-3146-x250
(Name of Contact Person) (A	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee &
<u></u>	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations. Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee Florida 32301	I WITHINGTON I INTIMA JAJIT



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as	• •	of the Florida Department
	ility company was organized	l under the laws of:	
	ument/registration number o	f this limited liability comp	pany is:
of this limited lia resignation in wr	Sadul	e limited liability company	
Signature of Res	gning Member, Managing N	Member or Manager	
•	\$25.00 (Required) \$30.00 (Optional)		2001 JUL 30 PM 2 SECRETARY OF SI TALLAHASSEE. FLO

CR2E079 (5/06)