LD60000093891

Samuel Sandoval (Requestor's Name)				
PO BOX 2031				
(Address)				
Talm Harloon F7 34682 (City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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SECRETARY OF STATE
ALLAHASSEF OF STATE

D. BRUCE

SEP 1 2009

EXAMINER



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: <u>J&</u>	limited liability company as it a	appears on the records	of the Florida Department Mg+ 22C
	lity company was organized un	,	99 AUG 3 SECRETAR TALLAHASS
3. The Florida docu	ment/registration number of the	is limited liability com	PHI IZ: 41 YOF STATE FEE, FLORIDA
4. I, Jacqueli (Print No	we SCINCLUSEL ame of Person Resigning)	, hereby resign as a _	M6RM (Print Title)
	oility company and affirm the li		
Signature of Resignature	gning Member, Managing Men	nber or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		