

**L06000094042**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

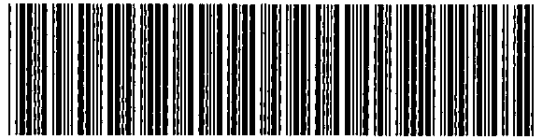
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**900136931569**

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**FILED**  
2008 OCT 17 PM 1:15  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**

OCT 20 2008

**EXAMINER**

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HAMMAD & SULIMAN LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

IBRAHIM HAMMAD  
(Contact Person)

HAMMAD & SULIMAN LLC  
(Firm/Company)

6694 NW 186 STREET  
(Address)

HIALEAH, FL 33015  
(City/State and Zip Code)

For further information concerning this matter, please call:

IBRAHIM HAMMAD at ( 305 ) 362-9800  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 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



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

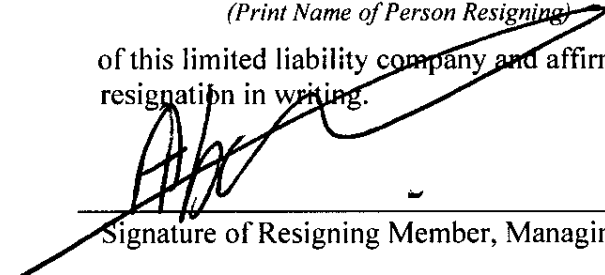
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: HAMMAD & SULIMAN LLC.

2. This limited liability company was organized under the laws of:  
FLORIDA.

3. The Florida document/registration number of this limited liability company is:  
L06000094042.

4. I, ABDEL MAHMOUD, hereby resign as a MANAGER  
*(Print Name of Person Resigning)* *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)