## 

(Re	equestor's Name)	<u> </u>
(Ad	ldress)	·
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		$D_B$

Office Use Only



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## **COVER LETTER**

CR2E079 (5/06)

TO: Registration Division of	n Section f Corporations			
SUBJECT:	PTIMUM			LLC
	(Name of L	Limited Liability (	Company)	
The enclosed mem filing.	iber, managing member	or manager re	signation and fee(s) a	are submitted for
Please return all co	orrespondence concerni	ng this matter t	to:	
N	Contact Person)	<i>ს</i> სის i	<del></del>	07 SEC
	(Contact Person)			AR JE
9	Houses of	wook		JUL 16 PH 3:5 CRETARY OF STAT LAHASSEE, FLORI
	(Firm/Company)			
3900 Nu		# 729		3: 51 STATE LORID
•	(Address)		•	. •
MIAMI	Fl 33166.	•	· 	
	(City/State and Zip Code)			
For further informa	ation concerning this m	atter, please ca	ıll:	
	FRUGOLI.			
(Name of	f Contact Person)	(Area Co	ode & Daytime Telepho	one Number)
	nd a check made payabl \$25 Filing Fee	le to the Florid	a Department of State  \$55 Filing Fee &  Certified Copy	e for:
STREET/COURI Registration Section Division of Corport Clifton Building 2661 Executive Ce Tallahassee Florid	on rations enter Circle	<b></b>	MAILING ADD Registration Section Division of Corpo P.O. Box 6327 Tallahassee, Flori	ion orations



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	mited liability company as it HMUM HitlE			nent
	ity company was organized u ム	nder the laws of:	16 PM 3:51 ARY OF STATE ISSEE, FLORIDA	
	nent/registration number of the O 9 6999	nis limited liability comp	pany is:	
,		, hereby resign as a _	,	
resignation in writi	lity company and affirm the lang.  It is a first of	limited liability company	y has been notified of	my
	ning Member, Managing Me	mber or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \( \square \) \$30.00 (Optional)			