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SECRETARY OF STATE ONS DIVISION OF CORPORATIONS

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: ALUPROTE (Name o	C LLC. f Limited Liability Company)
The enclosed member, managing memb filing.	er or manager resignation and fee(s) are submitted for
Please return all correspondence concer	ning this matter to:
Frederic LANCU (Contact Person)	
(Firm/Company)	07 AUG 20
2566 NE 206 T	PH 2: 09
NUARU FL 33/8 (City/State and Zip Code)	<u>80 ·</u>
For further information concerning this	matter, please call:
(Name of Contact Person)	at ( <u>786)</u> <u>4866980</u> (Area Code & Daytime Telephone Number)
Enclosed please find a check made pays \$25 Filing Fee	able to the Florida Department of State for: \$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

CR2E079 (5/06)



## 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 li	mited liability company as it a	ppears on the records	of the Florida Dep	artment
of State is:	HLU PROTEC	LC.	· · · · · · · · · · · · · · · · · · ·	<del></del> •
2. This limited liabili	ty company was organized un	der the laws of:		
_FLORI	D <del>A</del>	<u>.</u> .		
3. The Florida docum	nent/registration number of the	is limited liability com	npany is:	
<u> </u>	0101061	_,		
4. I, FREDER (Print Nam	IC B LANCRI ne of Person Resigning)	_, hereby resign as a	MANAGER (Print Title)	MEMBER
of this limited liabil	lity company and affirm the li	mited liability compar	ny has been notified	i of my
	foot.			~£.
Signature of Resign	aing Member, Managing Men	ber or Manager	071	SEIVIO
Filing Fee:	\$25.00 (Required)	·	07 AUG 20	CRETAR
Certified Copy:	\$30.00 (Optional)		2	TED CORPOS
			2: 0	ZATE ATTE