*LU000102380

; (Re	equestor's Name)					
(Ad	ldress)					
(Ad	ldress)					
. (City/State/Zip/Phone #)						
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SECRETARY OF STATE
TALLAHASSEE, FI TOBIC

D. BRUCE

AUG 18 2009

EXAMINER

COVER LETTER

(Name of Limited Liability Company)

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

Registration Section

Division of Corporations

JOHN BAUMANN

Please return all correspondence concerning this matter to:

TO:

filing.

CR2E079 (5/06)

	(Contact Person)	<u> </u>
	CATUN CURSE PRODU (Firm/Company)	CTIONS LCC HASSE
	(Address)	3 BX 901 FLORIE
	CLANCONA, FL 32 (City/State and Zip Code)	710
	For further information concerning this matter	r, please call:
:	(Name of Contact Person)	at (407) 694-5419 (Area Code & Daytime Telephone Number
	Enclosed please find a check made payable to \$25 Filing Fee	
	STREET/COURIER ADDRESS:	MAILING ADDRESS:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	Clifton Building	P.O. Box 6327
	2661 Executive Center Circle	Tallahassee, Florida 32314
	Tallahassee, Florida 32301	



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 app	ears on the rec	ords	of the Fl	orida D	epartm	ent
of State is: CAJUN CURSE PROL	DUCTZONS	, 4	LC:	<u>.</u> .		
·	•				≱ ∽ .	9
2. This limited liability company was organized unde	r the laws of:			5		}
FLORTDA	,	:	. , :	Ž	À.	<u>.</u>
				· · · · · ·		7
2 Who Photel does not have a first the control of t		<i>:</i> ``			F (2)	2 [
3. The Florida document/registration number of this l	imited liability	com	pany is:	.0R	A	<u> </u>
L06000102380				ID _A	ਜੋ . =	
11 SUADON / 11/17/50		•	4	مر مر د	٠	
4. I, SHARON L. WHITLEY , (Print Name of Person Resigning)	hereby resign	as a _		rint Title		
of this limited liability company and affirm the limi	ted liability cor	mpan	v has be	en notif	ied of 1	mv
resignation in writing.	•		• • •			,
01.01/50						•
Sporon Famille		1	3 " g			
Signature of Resigning Member, Managing Member	er or Manager			,	•	
						1 ; t

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