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PICK-UP	WAIT	MAIL		
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Certified Copies Certificates of Status				
Special Instructions to	Filing Officer			
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Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATIONS

JAN 3 0 2007

COVER LETTER

TO: Registration Section			
Division of Corporations			
SUBJECT: ALL PRODUCTS, L.L.			
(Name of Lin	nited Liability Company)		
The enclosed member, managing member o filing.	r manager resignation and fee(s) are submitted for		
Please return all correspondence concerning	g this matter to:		
Hugo P. Arza			
(Contact Person)			
Hugo P. Arza, P.A.	07 JAN 29 PH 2: 26		
(Firm/Company)	129		
3135 SW 3rd Avenue, 1st Floor	PH		
(Address)	2: 2		
Miami, FL 33129	σ ·		
(City/State and Zip Code)			
For further information concerning this matter	ter, please call:		
Hugo P. Arza	_ _{at (} 305 ₎ 860-0061		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable \$25 Filing Fee			
	Certified Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building 2661 Executive Center Circle	P.O. Box 6327		

Tallahassee, Florida 32301

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as PRODUCTS, L.L.C	s it appears on the records of the	he Florida De	partmen
2. This limited liab FLORIDA	ility company was organized	d under the laws of:		
3. The Florida docu 	-	of this limited liability compan	y is:	
4. I, JUAN P Z	AVALA	, hereby resign as a MC	GRM	
(Print N	ame of Person Resigning)		(Print Title)	
resignation in wri	iting.	ne limited liability company ha	as been notifi	ed of my
Signature of Resi	gning Member, Managing N	Member or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		07 JAN 29 PM 2: 26	Y OF CORPO