## L0600105315

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Certificates of Status
Special Instructions to Filing Officer:
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ONVISION OF CORPORATIONS

ON MAR 24 PH 1: 22

MBROOK .

MAR 2 6 2008

#### **COVER LETTER**

Division of Corporations	
SUBJECT: USA ON TCE (Name of Limited)	Liability Company)
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
Amaya Mignault (Contact Person)	<del></del>
(Firm/Company)	
1122 Hidden Kidge -	#2115_
1122 Hidden Ridge = (Address)  TRVING TS 75038  (City/State and Zip Code)	·
For further information concerning this matter,	
Amaya Mignault at (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	ne Florida Department of State for:  \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



#### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

# DIVISION OF CORPORATION ON MAR 24 EM 1: 22

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

1. The name of the limited liability company as it of State is: USA ON ILE, L.		of the Florida Department
2. This limited liability company was organized ι  Flogida		
3. The Florida document/registration number of t  L06000 10 5315	his limited liability com	pany is:
4. I, Amaya Mignault (Print Name of Person Resigning)	, hereby resign as a _	M EM BER (Print Title)
of this limited liability company and affirm the resignation in writing.  May and Managing Member, Managing Me		y has been notified of my

Filing Fee:

Certified Copy:

\$25.00 (Required) \$30.00 (Optional)