LOCOOD 105747

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TALLAHASSEE, FLORIDA

D. BRUCE

APR 20 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Los Amigos LLC (Name of Limited Liability Con	npany)			
The enclosed member, managing member or manager resigniling.	gnation and fee(s) are subm	itted for	7	
Please return all correspondence concerning this matter to:				
Mario Sueiras	_			
(Contact Person)				
		를 당 :	70	
(Firm/Company)	_	HAH	A P	
6443 SW 40 ST		TARÝ ASSE	PR 19 PH 3:0	
(Address)		<u> </u>	P	
Miami, FI 33155	_	STAT	သ ဝ	ł
(City/State and Zip Code)		A		
For further information concerning this matter, please call:				
) 6651023			
(Name of Contact Person) (Area Code	& Daytime Telephone Numb	er)		
Enclosed please find a check made payable to the Florida I \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 3231	4		
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

1. The name of the limited liability company as it ap of State is: Los Amigos LLC	opears on the records of the Flor	rida Depart	ment
2. This limited liability company was organized und	ler the laws of:	TALLA	
3. The Florida document/registration number of this L06000105747	limited liability company is:	4.0F	
4. I, Mario Sueiras (Print Name of Person Resigning)	, hereby resign as a MGR	STATE LORIDE nt Title)	. ⊕
of this limited liability company and affirm the lin resignation in writing. Signature of Resigning Member, Managing Member		notified o	f my

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee: Certified Copy: