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(Re	questor's Name)	)
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SECRETARY OF STATE

SECRETARY OF STATE

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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: SHELTI ONE LLC (Name of Lim	ited Liability Compa	uny)
The enclosed member, managing member or filing.	manager resigna	tion and fee(s) are submitted for
Please return all correspondence concerning	this matter to:	
MAHIDA SHAKOUR		200 TA
(Contact Person)		ECRI LLA
SHELTI ONE LLC		2006 DEC 21 AR SECRETARY OF TALLAHASSEE.
(Firm/Company)		<u> </u>
8707 FLOWERSONG CV		OF STATE
(Address)  BOYNTON BEACH, FL 33437  (City/State and Zip Code)		Ĵ>•
For further information concerning this matt	er, please call:	
MAHIDA SHAKOUR	at ( 561 )	436-2158
(Name of Contact Person)		Daytime Telephone Number)
Enclosed please find a check made payable t \$25 Filing Fee	<b>√</b> \$55	partment of State for: Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, 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 limited liability company a of State is: SHELTI ONE LLC	s it appears on the records of the Florida Department
2. This limited liability company was organize FLORIDA	
3. The Florida document/registration number of L06000106370	of this limited liability company is:
4. I, GEORGE DEEB	, hereby resign as a MANAGING MEMBER
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm tresignation in writing.  Signature of Resigning Member, Managing	he limited liability company has been notified of my  Member or Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	