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2001 APR -3 P 2: 45
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

## **COVER LETTER**

Division of Corporations	
SUBJECT: RAS Processing (Name of Limited L	Liability Company)
The enclosed member, managing member or man filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Sandra Polak	·
(Contact Person)  Ras Processing LLC  (Firm/Company)  Rank (Address)  Byntyn Beach FL 37  (City/State and Zip Code)	2001 APR -3 P 2: 46 SECRETARY OF STATE TALLAHASSEE, FLORIDA
For further information concerning this matter, pl	ease call:
Pich Polate (Name of Contact Person) at (	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida 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 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	e limited liability company as it		s of the Florida	a Departmen	ıt ·
of State is:	as Processing L		Z <sub>S</sub>	20 .	
2. This limited liab	pility company was organized u	nder the laws of: 	_= : .	I APR - 3 P 2	<b>!</b> :
	ument/registration number of the	ris limited liability con	npany 🛐 🦰	<del>-</del>	\$
L0600	0107898				
of this limited lia	<i>Name of Person Resigning)</i> Ibility company and affirm the l	, hereby resign as a imited liability compa	(Print <b>()</b>	itle)	,
resignation in wi	rung. -				
Sunda K	slak_				
Signature of Res	igning Member, Managing Men	nber or Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	Antsine Notae	the Ser	rele	3/21/67
			ANTOINETTE S Notary Public, St My Comm. Exp. No. DD 38	ate of Florida lov. 30, 2008	

CR2E079 (5/06)