## LB6000113494

(Req	uestor's Name)	
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(City	/State/Zip/Phone	#)
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PICK-UP	WAIT	MAIL
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Certified Copies	Certified Copies Certificates of Status	
Special Instructions to F	iling Officer:	
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: SBS LL (Name of Limited Lia	
The enclosed member, managing member or mana filing.	ger resignation and fee(s) are submitted fo
Please return all correspondence concerning this m	atter to:
John Pluto (Contact Person)	
N/A (Firm/Company)	<u>.                                    </u>
26261 West Oak Hair (Address) MIMMT, FL 331	unarde
MIAMT FL 331	79
For further information concerning this matter, ple	ase call:
Toku Auto 12-1-2005 at ( (Name of Contact Person) (A	rea 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 Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, 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 as it appears on the records of the Florida Department
of State is: 5BS LLC.
2. This limited liability company was organized under the laws of:
<u>florida</u>
3. The Florida document/registration number of this limited liability company is:
L06000113494
4. I, JOHN PLUTO, hereby resign as a MGRM
(Print Name of Person Resigning) (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.
10/1/2006
Signature of Resigning Member, Managing Member or Manager

07 JAN 30 AMII: 02

Filing Fee: Certified Copy:

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