LD600013698

(Requestor's Name)					
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(City/State/Zip/Phone #)					
(engression)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
•					
Certified Copies Certificates of Status _ ·					
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Special Instructions to Filing Officer:					
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Office Use Only

G. MCLEOD

OCT 27 2009

EXAMINER



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DIVISION OF CORPORATION

COVER LETTER

	egistration Section Division of Corporations	
SUBJEC	SHPACK, LLC (Name of Lin	nited Liability Company)
The enclo	osed member, managing member o	r manager resignation and fee(s) are submitted for
Please re	turn all correspondence concerning	this matter to:
MICHA	AEL I. SANTUCCI, ESQ.	
	(Contact Person)	
SANTU	JCCI, PRIORE & LONG, (Firm/Company)	LLP
200 SC	OUTH ANDREWS AVENU	JE, SUITE 100
FORT	LAUDERDALE, FL 3330° (City/State and Zip Code)	<u> </u>
For furthe	er information concerning this mat	ter, please call:
MICHA	AEL SANTUCCI, ESQ. (Name of Contact Person)	at (
Enclosed	please find a check made payable \$25 Filing Fee	to the Florida Department of State for: \$55 Filing Fee & Certified Copy
Registrati Division Clifton B 2661 Exe	C/COURIER ADDRESS: ion Section of Corporations duilding ecutive Center Circle see, 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 of State is: SH	limited liability company as PACK, LLC	it appears on the records	s of the Florida Do	epartn	nent
2. This limited liab	vility company was organized	l under the laws of:			
3. The Florida doc <u>L06000113</u>	ument/registration number of 3698	f this limited liability con	npany is:		
4. I, ROBERTO	O GIOIOSA	, hereby resign as a	MANAGER		_
	lame of Person Resigning)	 /	(Print Title)		
of this limited lia resignation in wr	bility company and affirm th	e limited liability compar	ny has been notifi	ed of	my
Den	•		Militarina sego .		
				0	DV.
Signature of Resi	gning Member, Managing M	lember or Manager		09 OCT 2	SECRET
Filing Fee:	\$25.00 (Required)			26 PM	NRY OF
Certified Copy:	\$30.00 (Optional)			4 2: 2	18804 1813 3