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C. LEWIS

SEP 9 2009

EXAMINER

COVER LETTER

SUBJECT: Floada Equaco ICC. (Name of Limited Liability Company) The enclosed member, managing member or manager resignation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Sassawo (Contact Person) Floada Equaco ICC (Firm/Cop/pany) TOOS: Sassawo (City/State and Zip Code) For further information concerning this matter, please call: Sassawo (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee Street/Courier Address: Registration Section Division of Corporations Registration Section Division of Corporations	Division of Corporations	
Florida Equipo CC (Firm/Coppany) Florida Freson) Florida Forgania CC (Firm/Coppany) Toos Sand (City/State and Zip Code) For further information concerning this matter, please call: Joseph A Sasaw at 94/ 870-4440 (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee Certified Copy STREET/COURIER ADDRESS: Registration Section Registration Section	SUBJECT: Florida Ego (Name of Limited Kiabil	IN Company)
SEPH Sassawo		r resignation and fee(s) are submitted for
Florida Equisio CCC (Firm/Coppany) TRA (Address) SARA Sola FL 34251 (City/State and Zip Code) For further information concerning this matter, please call: JOSEPH A SASSAWO at 941 870 - 47440 (Name of Contact Person) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$255 Filing Fee & Certified Copy STREET/COURIER ADDRESS: Registration Section MAILING ADDRESS: Registration Section	Please return all correspondence concerning this matt	er to:
Toos S. Tamiami TRA (Address) Sara Soda FZ 3425 (City/State and Zip Code) For further information concerning this matter, please call: Tosph A Sassavo at 941 870 - 4440 (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: Registration Section MAILING ADDRESS: Registration Section	JOSEPH A Sassawo (Contact Person)	
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For further information concerning this matter, please call: Joseph A	7005. S. Tamiami	Tex!
Solution Sassavo at (94) 870 - 4440 (Name of Contact Person) (Area Code & Daytime Telephone Number)	SaRA So ta FL 34231 (City/State and Zip Code)	
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\$25 Filing Fee Certified Copy STREET/COURIER ADDRESS: Registration Section \$55 Filing Fee & Certified Copy MAILING ADDRESS: Registration Section	Joseph A- Sassavo at (9) (Name of Contact Person) (Area	Code & Daytime Telephone Number)
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P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

TO: Registration Section



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2009 SEP -8 PM 2: 53
SECRETARY OF STATE TALLAHASSEE, FLORIDA

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 lin	mited liability co	mpany as it appears	on the records of	the Florida Depar	rtment	
of State is:	Aares	ERNPCO	FLORIC	la Equip	<u>co</u> . U (<u>^</u>
2. This limited liabili Florida		organized under the	e laws of:			
3. The Florida docum		number of this limit	ed liability compa	ny is:		
4. 1, DAVID (Print Nam	J. Sassa ne of Person Resigna	ng), here	eby resign as a	Ma NAGIWG (Print Title)	member	•
of this limited liabil resignation in writi	ng.	,	·	has been notified o	of my	
Signature of Resign	ing Member, Ma	anaging Member or	Manager			
Filing Fee:	\$25.00 (Requir	ed)				
Certified Copy:	\$30.00 (Option	•				