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(Re	equestor's Name)			
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PICK-UP	WAIT	MAIL		
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Certified Copies	Certificates	of Status		
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SECRETARY OF STATE
DIVISION OF STATE

## **COVER LETTER**

Division of Corporations	•
SUBJECT: RELIANT PARTNERS (Name of Limited)	L L C Liability Company)
The enclosed member, managing member or marfiling.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
DOMINIC A. PELLEGRINO (Contact Person)	
RELIANT PARTNESS, LLC. (Firm/Company)	
P.O. Box 272988 (Address)	<del> </del>
TAMA FL 33688 - 298 (City/State and Zip Code)	8
For further information concerning this matter, p	please call:
Name of Contact Person) at	(\$13 ) 777 - 5383 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to th  \$25 Filing Fee	se 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
Tallahassee, Florida 32301	

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS**

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

	limited liability company as		
	ility company was organized		
3. The Florida docu	ment/registration number of しユンチザカ	f this limited liability con	npany is:
	oility company and affirm th		Man AGING Menche R (Print Title) ny has been notified of my
_ mill	gning Member, Managing N	Member or Manager	
	\$25.00 (Required) \$30.00 (Optional)		O7 JUI

CR2E079 (5/06)