L07000010651

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| | | |
| (Ad | idress) | |
| (A.) | Lilana a N | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
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| | | _ |

Office Use Only



200098467082

04/30/07--01031--025 **25.00



COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|--|
| SUBJECT: TRY IT IN SPAN | d Liability Company) |
| The enclosed member, managing member or n filing. | nanager resignation and fee(s) are submitted for |
| Please return all correspondence concerning the | nis matter to: |
| CATALINA MARTINEZ (Contact Person) | |
| (Contact Person) | |
| (Firm/Company) | ************************************** |
| | |
| 1293 CHENIUE CIRCLE (Address) | |
| WESTON, FL 33327 (City/State and Zip Code) | ت مسور |
| CL BO MADE | |
| For further information concerning this matter | , please call: |
| EUZABETH BEHRENTZ (Name of Contact Person) | at (954) 4388589. |
| • | |
| Enclosed please find a check made payable to \$\sqrt{\$25}\$ Filing Fee | \$55 Filing Fee & |
| CITBANK # 495 | Certified Copy |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| Clifton Building 2661 Executive Center Circle | P.O. Box 6327 |
| Tallahassee, Florida 32301 | Tallahassee, Florida 32314 |
| CR2F079 (5/06) | |
| | |

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FILED 07 APR 30 AMII: 19 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

| 1. The name of the limited lia | | | s of the Florida De | epartment |
|---|------------------------|--------------------------|-------------------------|--|
| of State is: TRY IT | IN SPANIS | H LLC | | ······································ |
| 2. This limited liability comp | | | | |
| 3. The Florida document/regi | stration number of th | is limited liability cor | mpany is: | |
| L070000 10 | 651 | <u>_</u> . | | |
| 4. I, CATALINA MAR (Print Name of Pers | イカルE乙 on Resigning) | , hereby resign as a | MANAGE R. (Prins Title) | MEMBER |
| of this limited liability compresignation in writing. | pany and affirm the li | mited liability compa | ny has been notifi | ed of my |
| Signature of Resigning Mer | mber, Managing Mer | nber or Manager | | |
| Filing Fee: \$25.00 Certified Copy: \$30.00 | (Required) (Optional) | | | |

CR2E079 (5/06)