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COVER LETTER

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SUBJECT: Pingel Sign + Post. (Name of Limited Liability Company)	LLC
The enclosed member, managing member or manager resignation and feet filing.	(s) are submitted for
Please return all correspondence concerning this matter to:	
Ryca Gasta (Contact Person)	-· ·
(Firm/Company)	en j
1601 Chatfield Place	, ·
Orlande, Fl 32814 (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Contact Person) at (321) 230 (Area Code & Daytime Tele	9-SS4C ephone Number)
Enclosed please find a check made payable to the Florida Department of S \$25 Filing Fee Certified Co	&
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 632 2661 Executive Center Circle Tallahassee, F	Section orporations 7

CR2E079 (5/06)

Tallahassee, Florida 32301



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		of the Florida Department
	oility company was organized	l under the laws of:	
3. The Florida doc	ument/registration number of		pany is:
4. I, Ryc	Name of Person Resigning)	, hereby resign as a	MGRM (Print Title)
of this limited lia resignation in w	ability company and affirm the riting.	e limited liability compan	y has been notified of my
Signature of Res	igning Member, Managing M	Tember or Manager	Z007 SEP 10 SECRETAR
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		P 10 PM 4: 4 TARY OF STATE TARSSEE, FLORIG