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SECRETARY OF STATE DIVISION OF CORPORATIONS

## **COVER LETTER**

	tion Section of Corporations		
SUBJECT:	T05110		
SUBJECT.	(Name of L	imited Liability Company)	
The enclosed Art	icles of Amendment and fee(s) are su	bmitted for filing.	
Please return all c	correspondence concerning this matte	er to the following:	
	Peter B. W	Veintraub, Esq. (Name of Person)	
	Weintraub	+ Weintraub, P.) (Firm/Company)	A. OT A
	2650 N. Mili	tary Trail, Suit	APR -9 F
	Boca Rator	n. Florida 3343 /State and Zip Code)	PH 3: 45
For further inform	nation concerning this matter, please	call:	
Pe7	(Name of Person)	at ( <u>57.7</u> ) <u>98.8</u> (Area Code & Daytime	8 - 64// Telephone Number)
Enclosed is a check	for the following amount:		
\$25.00 Filing Fe	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n utions uter Circle



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	mited liability company as it a	appears on the records of the Florida	Department .
2. This limited liabili	ty company was organized ur		SECRETARY OF SOUNDIVISION OF CORPO
,	nent/registration number of th	is limited liability company is:	STATE ONS ORATIONS
		, hereby resign as a Managin (Pfint Tit imited liability company has been not	
resignation in writing			ined of my
Signature of Resign	ing Member, Managing Men	nber or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		