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(Re	equestor's Name)			
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:	LS		





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SECRETARY OF STATE

07 03:32p Brian Bell 727-896-5161 6 01 2007 2:10PM Law Office of Jeanette Se 727-345-1311

co	ver letter	
TO: Registration Section Division of Corporations		
SUBJECT: RENGEZ (Name of Lin	VDUS , L.L.C. mited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning the	ais matter to the following:	
•		
Jegnette J. S (Name of Person)	ECOR	
Jeanette J. Secon A	HORNEY AT LAW	
6474 1ST AVENUE	N	
St Petersburg, FL (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter	, please call:	
1		
(Name of Person)	at (727) 822-88/8 (Area Code & Daytime Telephone N	
STREET/COURIER ADDRESS:	MAILING ADDRESS;	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following	amount:	
₩\$25 Filing Fee	S55 Filing Fee & Certified Copy	

Aug 01 2007 2:46PM

Law Office of Jeanette Se 727-345-1311





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

l. The name of the l	imited liability company as i	t appears on the records	of the Florida Department
	lity company was organized	under the laws of:	
	ment/registration number of DOOO 260 4		pany is:
4. I, BRIA	N BELL me of Person Resigning)	, hereby resign as a _	Mariain Mumber
of this limited liab resignation in writ	ility company and affirm the	limited liability company	y has been notified of my
Signature of Resig	ming Member, Managing Me	8/1/07 ember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		,

CRZE079 (5/06)

SECRETARY OF STATE