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SECRETARY OF STATE
TALLAHASSF F F STATE

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COVER LETTER

TO:

Registration Section

Tallahassee, Florida 32301

CR2E079 (5/06)

Division of Corporations The enclosed member, managing member or manager resignation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: For further information concerning this matter, please call: (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$55 Filing Fee & Certified Copy **MAILING ADDRESS:** STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, Florida 32314. 2661 Executive Center Circle



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the of State is:	limited liability company a Jean 4 Shine	s it appears on the records Services, LU	s of the Florida Department
2. This limited liab	ility company was organize	ed under the laws of:	
4. I, Dieumo (Print Not of this limited liab resignation in wr	ument/registration number of OOO A9051 aitre Nias Tame of Person Resigning) bility company and affirm to iting. igning Member, Managing	hereby resign as a the limited liability compa	HASSEE THE TILL
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		