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TO:	Registration Section Division of Corporations			
SUBJ			Mci.X Liability Com	LLC pany)
The enfiling.	nclosed member, managing member of	or ma	anager resigr	nation and fee(s) are submitted for
Please	e return all correspondence concerning	g thi	s matter to:	
	Ajcytomor Patel (Contact Person)		··· * - · ···	
-	Rish & Manix LLC	<u></u>	, ,	
	4559 Philadelphia (Address)		·	
-	Kissinnec, FE 31 (City/State and Zip Code)	47'	46	
For fu	urther information concerning this ma	tter,	please call:	
	(Name of Contact Person)	a	t (<u>401</u> (Area Code	273-8362 & Daytime Telephone Number)
Enclo	sed please find a check made payable \$25 Filing Fee	e to t	he Florida/D \$	repartment of State for: 55 Filing Fee & Certified Copy
Regis Divis: Clifto	EET/COURIER ADDRESS: stration Section ion of Corporations on Building Executive Center Circle			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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	_	f the Florida Department
2. This limited liab	oility company was organized	d under the laws of:	
	ument/registration number of		any is:
,	bility company and affirm th	, hereby resign as a e limited liability company	
Him	igning Member, Managing M	1ember or Manager	
-	\$25.00 (Required) \$30.00 (Optional)		