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SECRETARY OF STATE



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: IATAI, LLC (Name of Limit	red Liability Company)
(Name of Linus	ed Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning t	his matter to:
C/O Nicolas Fernandez, Esq. (Contact Person)	
Nicolas Fernandez, P.A. (Firm/Company)	
10 NW Le Jeune Rd, Suite 500 (Address)	
Miami, Florida 33126 (City/State and Zip Code)	·
For further information concerning this matte	er, please call:
	at (<u>305</u>) <u>461-0404</u>
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee Florida 32301	

CR2E079 (5/06)



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 th of State is:	e limited liability company as	it appears on the records of	the Florida Department
2. This limited lia	bility company was organized	l under the laws of:	
Elorida	, , , , , , , , , , , , , , , , , , , ,	——·	
3. The Florida doo L0700036		f this limited liability compar , hereby resign as a Mer	
	Name of Person Resigning)		(Print Title)
of this limited li- resignation in w	ability company and affirm the riting.	e limited liability company h	nas been notified of my
Signature of Re	signing Member, Managing M	fember or Manager	
•			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		. 20 TA