## L07000038300

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SECRICIANY OF STATE
OTALLAHASSEE, FLORIDA

02/05/10-

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	ECT: Variedades Dollar (Name of Limite	& Gift Shop, LLC ed Liability Company)
The enfiling.		nanager resignation and fee(s) are submitted for
Please	e return all correspondence concerning th	nis matter to:
Cir	ndy G. Duque, Esq. (Contact Person)	
Du	que Law Firm, LLC	
<u>135</u>	574 Village Park Drive Suit	te 200
Orl	ando, Florida 32837 (City/State and Zip Code)	
For fu	orther information concerning this matter	, please call:
Cin	dy G. Duque, Esq. (Name of Contact Person)	at (407) 855-1660 (Area Code & Daytime Telephone Number)
Enclo	sed please find a check made payable to  √ \$25 Filing Fee	the Florida Department of State for:  \$55 Filing Fee & Certified Copy
Regis Divisi Clifto 2661	tration Section ion of Corporations n Building Executive Center Circle nassee. Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



January 25, 2010

CINDY G. DUQUE, ESQ. DUQUE LAW FIRM, LLC 13574 VILLAGE PARK DRIVE, SUITE 200 ORLANDO, FL 32837

SUBJECT: VARIEDADES DOLLAR & GIFT SHOP, LLC

Ref. Number: L07000038300

We have received your document for VARIEDADES DOLLAR & GIFT SHOP, LLC and check(s) totaling \$10.00. However, your check(s) and document are being returned for the following:

The filing fee is \$25.00.

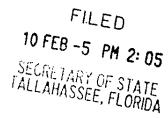
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Letter Number: 910A00001911

Neysa Culligan Regulatory Specialist II





## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

		as it appears on the records & Gift Shop, LLG	
2. This limited liab	ility company was organiz	ed under the laws of:	
3. The Florida doct	<b>*</b>	of this limited liability com	pany is:
4. I, HANI	A CHICA  Jame of Person Resigning)	, hereby resign as a	HGK (Print Title)
resignation in wr	dice	the limited liability compan	y has been notified of my
Filing Fee:	gning Member, Managing \$25.00 (Required) \$30.00 (Optional)	, Member or Manager	