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TALLAHASSEE FLORIDA

67-43163

COVER LETTER

Division of Corporations	
SUBJECT: AMERICAN DISCOUNT PAP (Name of Limited Liability Comp	
The enclosed member, managing member or manager resign filing.	nation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
OLIVIER SUREAU (Contact Person)	
JADE ASSOCIATES MIAMI (Firm/Company)	
100 N BISCAYNE BLVD SUITE 500 (Address)	e de la companya de l
MIAMI FLORIDA 33132 (City/State and Zip Code) For further information concerning this matter, please call:	2001 OCT 23 P SECRETARY O TALLAHASSEE
	579 - 0220 PRING STANDARD STAN
Enclosed please find a check made payable to the Florida De \$25 Filing Fee \$35	repartment of State for: 55 Filing Fee & Certified Copy
Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	the limited liability company as it a		the Florida Department
2. This limited l	iability company was organized un	der the laws of:	
3. The Florida d	ocument/registration number of thi	s limited liability compa 	any is:
/	OK VLASSEMAN nt Name of Person Resigning)	_, hereby resign as a N	1ANAGER (Print Title)
of this limited resignation in	liability company and affirm the linguisting.	nited liability company	has been notified of my
Signature of F	Resigning Member, Managing Mem	iber or Manager	2007 OCT 23 SECRETAR TALLAHASS
Filing Fee:	\$25.00 (Required)		SER W

CR2E079 (5/06)

Certified Copy:

\$30.00 (Optional)