L07000046585

(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	e #)
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10 APR 29 PM 3: 25
SECRETARY OF STATE

J. BRYAN

APR 3 0 2010

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: Auchy light (Name of Limited)	Liability Company)
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning thi	s matter to:
Mana Codreyez (Contact Person)	7 29 L
(Firm/Company) (Le 850 - 1/2 Collins (Address)	Ju #413 REF FLORIDA TO THE PROPERTY OF THE P
(City/State and Zip Code)	Lal A 33 160
For further information concerning this matter, (Name/of Contact Person)	please call: t (305) 7987668 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t \$25 Filing Fee	he 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

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

1. The name of the of State is:	limited liability company as	it appears on the records	s of the Florid	m O	nent —·
2. This limited liabi	lity company was organized <i>Aouら</i> す	under the laws of:	AHASSEL, FL	APR 29 PM 3	TILMO
	ment/registration number of L0700046		npany is:	3: 25 STATE	
	5 Rocks ame of Person Resigning)	, hereby resign as a	MANAGE (Print	(Title)	
of this limited liab resignation in writ	ility company and affirm the ting.	e limited liability compa	ny has been n	otified of	my
Signature of Resig	gning Member, Managing M	lember or Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				