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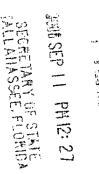
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T. CLINE
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EXAMINER

COVER LETTER

•	TO: Registration Section Division of Corporations			
	SUBJECT: BEST BRIDES (Name of Limited Liability Com	JURLOWINE LCC		
٠.	The enclosed member, managing member or manager resig filing.	nation and fee(s) are submitted for		
	Please return all correspondence concerning this matter to:			
Onne Sixta				
	(Contact Person)			
	BEST BriDES WORLDWID	E LLC		
NEW	(Firm/Company)			
ADDRES	(Contact Person) BEST BRIDES WORLDWIDS (Firm/Company) (Firm/Company) (Address)	MIAMI, FL 33/66 =		
	MIAMI FLORIDA 331 (City/State and Zip Code)	MIAMI, FLORIDA 33131		
	For further information concerning this matter, please call:	MIAMI, FLORINI STI		
	(Name of Contact Person) at (305) (Area Code			
	Enclosed please find a check made payable to the Florida I			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations		

P.O. Box 6327

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

I Executive Center Circle Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	mited liability company as it a Best Brides W			epartment
2. This limited liabili	ty company was organized un 5 TATE OF FLOT		SEGRETARY	THE SEP 1
	nent/registration number of thi 1070 000 48 DZYPETRUK ne of Person Nesigning)	499	COR	PH 12: 27
•	ne of Person Nesigning) ity company and affirm the lin			
resignation in writing	Not	har ar Managar		·. •
Signature of Resign	ning Member, Managing Mem	ber or Manager		
_	\$25.00 (Required) \$30.00 (Optional)			