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(Requ	estor's Name)	,
(Addre	ess)	
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

MAY - 1 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: LOUMAL En Fen fairment LLC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
LAZARO SOPENA  (Contact Person)  (Contact Person)
(Contact Person)  T, R, P,  (Firm/Company)  275 NE 185+ (VO2  (Address)
275 NE 185+ (UOZ (Address)
Many F1 33132 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (786) 302-3755 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee
STREET/COURIER ADDRESS: Registration Section Division of Corporations  MAILING ADDRESS: Registration Section Division of Corporations

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

Division of Corporations
P.O. Box 6327
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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: LOUMAR ENFERTAINMENT LLC.	
2. This limited liability company was organized under the laws of:  ALCARY AND THE SECRETARY AND THE S	
3. The Florida document/registration number of this limited liability company is:	
4. I, AZAZO SOPENA, hereby resign as a M6/Z (Print Name of Person Resigning) (Print Title)	
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.	
Signature of Resigning-Member, Managing Member or Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	