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J. BRYAN
SEP 2 0 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DE SANTO UC (Name of Limited Liability Comp	pany)
The enclosed member, managing member or manager resignatiling.	ation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
KEVIN FITZJIMMONS (Contact Person)	
(Contact Person)	TALLAM T
(Firm/Company)	19
102 W. WHITING ST #201 (Address)	THE PH 1:21 SEP 19 PH 1:21 FALL WHAS SEE FLESSES
TAMPA FC 37602 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
MATTHEW J DONAFIVE at (213) (Name of Contact Person) (Area Code &	263 C&C) Daytime Telephone Number)
Enclosed please find a check made payable to the Florida De \$25 Filing Fee \$5	epartment of State for: 55 Filing Fee & Certified Copy
Registration Section Function Corporations Clifton Building F	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, 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

	limited liability compan	y as it appears on the recor	ds of the Florida Departm	nent
2. This limited liab	ility company was organ	ized under the laws of:		
	iment/registration number 000 56 253	er of this limited liability co	ompany is:	
4. I, <u>LUCY</u> h (Print N	JATKI NS ame of Person Resigning)	, hereby resign as	a MANAGER (Print Title)	_
resignation/in wr	iting.	n the limited liability comp	pany has been notified of	my
Signature of Resi Filing Fee:	gning/Member; Managir \$25.00 (Required)	ng Member₋or-Manager	EE ORE IK	413000
Certified Copy:			TA PH II	وساوشا