# L0700056989

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SECRETARY STANDARD

APR 1:5 2009

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations

**SUBJECT:** ame 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:

Address

(City State and Zip Code)

For further information concerning this matter, please call:

Name of Contact Person)  $\frac{1}{(\text{Area Code & Daytime Telephone Number)}}$ 

Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\$55 Filing Fee & Certified Copy

### **STREET/COURIER ADDRESS:**

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

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: <u>CUCIE (CDS, UC</u>
- 2. This limited liability company was organized under the laws of:

Florida

3. The Florida document/registration number of this limited liability company is:

L07000056989

Monaan CKSCM, hereby resign as a 4.1. (Print Name of Person Resigning) Prin Ditle)

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)

APR 13 PM 3: 40

CR2E079 (5/06)