(Requestor's Name)
(Ivednestors Marile)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special mediations to 1 ming emices.

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**EXAMINER** 



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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Vicercy Group L (Name of Limited)	LLC d Liability Company)
The enclosed member, managing member or m filing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning the	is matter to:
Barry Patel (Contact Person)	
Vicercy Grap LLC (Firm Company)	——————————————————————————————————————
16744 Cagan Crossings B	blvcl
Cement FL 34714 (City State and Zip Code)	
For further information concerning this matter,	please call:
Barry Patel a (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t  \$25 Filing Fee	the 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)



FILED SECRETARY OF STATE DIVISION OF CORPORATION

08 APR 21 AM 9: 03

## 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 of the Florida Department
<b>A</b>	lity company was organized under the laws of:  All Lawful business
3. The Florida docu	ment/registration number of this limited liability company is:
4070000	- • • •
4. I, KRUNAL (Print No.	PATEL hereby resign as a MANAGERIA MEMBER (Print Title)
of this limited liab resignation in wri	ility company and affirm the limited liability company has been notified of my ting.
Signature of Resignature	gning Member, Managing Member or Manager
•	· - · · · · · · · · · · · · · · · · · ·
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)