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SECRETARY OF STATE

D. BRUCE

JAN 17 2008

EXAMINER

1/14/08 COVER LETT	TER						
TO: Registration Section Division of Corporations							
SUBJECT: Overseus Partners, (Name of Limited Liability	LLC y Company)						
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter	r to:						
Hector E. Lora, Esg. (Contact Person)	TASS	SPAN.					
(Contact Person) Cove & Associates, P.A. (Firm/Company) 225 South 21 Ave. (Address)							
(Firm/Company)							
225 South 21 Ave.	PM 2: 05						
(Address) Holly wood, FC 33020 (City/State and Zip Code)	n5 ATE ORIDA						
For further information concerning this matter, please call:							
(Name of Contact Person) at (954) 92/-/12/ (Area Code & Daytime Telephone Number)							
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy							
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327						

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle Tallahassee, Florida 32301



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 Overseas Pa	it appears on the records of	the Florida Department
2. This limited liab	oility company was organized of Florida	under the laws of:	
Lo	ument/registration number of		
4. I, Hoc-	for E. Lora Jame of Person Resigning)	, hereby resign as a	Manager
	bility company and affirm the		
_	u Df	1/14/08	
	gning Member, Managing M		SECTALL
	\$25.00 (Required) \$30.00 (Optional)		JAN 17 PM 2: 05 CRETARY OF STATE LAHASSEE. FLORID