L07000074886

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	·
(Cit	ty/State/Zip/Phone	· · · · · · · · · · · · · · · · · · ·
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	·
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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O9 AUG 27 AH II: 29
SECRETARY OF STATE
ALLAHASSEE, FINAIE.

J. BRYAN

AUG 28 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Europea Village (Name of Limited Liability Con	12ecly LLG	
The enclosed member, managing member or manager resig filing.	nation and fee(s) are submitted for	
Please return all correspondence concerning this matter to:		
Anthony Carella. (Contact Person)	09 AUG SECRET	
(Firm/Company)	ARY ASSE	
199-20 32nd AVE	AUG 27 AM 11: 29 CRETARY OF STATE LAHASSEE. FLORID	T D
· (Address)	TAT ORI	
199-20 32nd AVE (Address) Flushing NY 1/358 (City/State and Zip Code)	- - - - - - -	
For further information concerning this matter, please call:		
(Name of Contact Person) at (917) (Area Code) 842-1836 & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$\$	Pepartment of State for: 555 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

	e limited liability comp						artme	nt
of State is:	European	Villa	se Rea	:11-4	LLC			
	<i>'</i>					- v	<u>.</u>	
							∞	-
2. This limited liab	oility company was org	anized unde	er the laws of	3;		**************************************	S	1 1
F.	_					SE	09 AUG 27	-
	- '	 '				<u>%</u> ≃		
						<u> </u>	=	
3. The Florida doc	ument/registration nur	ber of this	limited liabili	ity compa	nv is:	ST	MII: 29	•
	1 000074886					22 A	29	
	10000/1880	·				3	_	
200	D							
4.1, <u>///////</u>	Rasusa Name of Person Resigning)	,	hereby resig	n as a	m	GR_		
(Print l	Name of Persŏn Resigning)				(Prin	t Title)		
of this limited lia	bility company and af	firm the limi	ted liability of	company l	nas been	notified	ofm	У
resignation in wi	riting.							
	7//							
				_				
Signature of Res	gning Member, Mana	ging Membe	er or Manage	r				
Filing Fee:	\$25.00 (Required)							
Certified Copy:	\$30.00 (Optional)							