L07000076134

•		
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(C.1.). C.1.0.10 1.)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
·		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
·		



400113141494

12/21/07--01025--013 **25.00

SECRETARY OF STATE OF STATE OF CORPORATIONS

Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations	· .
SUBJECT: JOEN IN (Name of Limited	Nestments Liability Company)
The enclosed member, managing member or managing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning thi	s matter to:
Joel Cloutier (Contact Person)	
(Firm/Company)	
6910 Main Street #249	•
Migmi LAUES, FL 33019 (City/State and Zip Code)	<u></u>
For further information concerning this matter,	please call:
Toel Cloutier at (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	he Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	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 Deposition of State is:		nt
2. This limited liability company was organized under the laws of: the State of Florida		
3. The Florida document/registration number of this limited liability company is:		
4. I, Joe Cloutier, hereby resign as a Managing (Print Name of Person Resigning), hereby resign as a Managing (Print Title)	1em	ber
of this limited liability company and affirm the limited liability company has been notified resignation in writing.	d of m	у
Signature of Resigning Member, Managing Member or Manager Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	07 DEC 21 AM 10: L	FILED SECRETARY OF STAT DIVISION OF CORPORATI