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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Certified Copies Certificates of Status				
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EXAMINER

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

CONTROL OF THE CONTRO

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Wholesale Direct LLC (Name of Limited Liability Company)
(Name 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:
Mohammed Darwiche (Contact Person)
Wholesale Direct LLC (Firm/Company)
8551 West Sunrise Blud, #303 (Address)
Plantation, Fh 33322 (City/State and Zip Code)
For further information concerning this matter, please call:
Mohammed Darwicke at (954) 727 9555 (Name of Contact Person) (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 MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Clifton Building 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 it Whalesale	appears on the records of Sirect LhC	the Florida Department
1	lity company was organized o	under the laws of:	
3. The Florida docu	ment/registration number of the 1008 5664	his limited liability compa 	ny is:
4. I, Bianca (Print No.	we of Person Resigning)	, hereby resign as a	Managing Mienkoe
	ility company and affirm the		
Signature of Resig	gning Member, Managing Me	mber or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		FILED 2008 FEB 26 PH 12: 5 SEGKETARY OF STAT TALLAHASSEE, FLORE