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S. HAWKES

APR 2 1 2009

EXAMINER

COVER LETTER

· `TO:

Tallahassee, Florida 32301

CR2E079 (5/06)

TO: Registration Section Division of Corporations	
SUBJECT: K. PERALVO SERVICES (Name of Limited Liability Company)	
The enclosed member, managing member or manager resignation and fee(s) are submfiling.	itted for
Please return all correspondence concerning this matter to:	
KLEIBYS PERALVO (Contact Person)	
K. PERALVO SERVICES (Firm/Company)	
605 DEAUVILLE CT (Address)	
KISSIMMEE, FL 34758 (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Contact Person) at (AP) 288-6978 (Area Code & Daytime Telephone Number	ber)
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 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 3231	4



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 lin of State is:	mited liability company as it appears on the records of the Florida Department PERALVO SERVICES, L.L.C.
·	ty company was organized under the laws of:
3. The Florida docum	nent/registration number of this limited liability company is:
4. I, PEDRO (Print Nan	A FLORES, hereby resign as a MANAGER (Print Title)
of this limited liabil resignation in writing	ity company and affirm the limited liability company has been notified of my ng.
JRDAD	HURS
Signature of Resign	ning Member, Managing Member or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)