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(Requestor's Name)					
(Address)					
(Address)					
•	,				
(Cil	ty/State/Zip/Phone	? #)			
☐ PICK-UP	WAIT	MAIL			
		,			
(Business Entity Name)					
(Do	ocument Number)				
(DC	cament Number)				
Certified Copies Certificates of Status Assets					
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09 JUL -6 PM 3:
SECRETARY OF STANIAMASSEE, FIO

J. BRYAN

JUL -7 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Online-Kiosk, LLC (Name of Limited Liability Cor	mpany)		
(Name of Limited Liability Cor	npany)		
The enclosed member, managing member or manager resigning.	gnation and fee(s) are submitted for		
Please return all correspondence concerning this matter to:			
Maria De Los Angeles Fernandez			
(Contact Person)	_		
,	i		
Online-Kiosk, LLC	SEC		
(Firm/Company)			
	TAF ASS		
390 Les Rohde Dr.	09 JUL -6 PM 3: 46 SECRETARY OF STATE ALLAHASSEE, FLORID		
(Address)	PH 3: 41 Y OF STAT SEE. FLORI		
	9. T. T.		
Ramrod Key, FL 33042			
(City/State and Zip Code)	_		
For further information concerning this matter, please call:			
Maria De Los Angeles Fernandez at (786	<u>)</u> 210-0122		
(Name of Contact Person) (Area Code	e & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida I \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	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 li	mited liability company as ne-Kiosk, LLC	it appears on the record	s of the Flor	rida Department
,	ty company was organized	d under the laws of:		9 JUL -6 PM 3 SECRETARY OF S
3. The Florida docum 	nent/registration number o	f this limited liability cor	mpany is:	PM 3: 46 OF STATE EE, FLORIDA
4. I, Hilda Herna	indez ne of Person Resigning)	, hereby resign as a	Manage (Pri	er int Title)
of this limited liabi resignation in writi	lity company and affirm th	e limited liability compa	iny has been	n notified of my
Signature of Resig	ning Member, Managing N	2) Member or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			