10000088129

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

Office Use Only



100112454031

11/26/07--01021--019 **25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

TOTAL PROPERTY.

11.81 Of

COVER LETTER

Division of Corporations
SUBJECT: Probate Liquidation Solution LLC (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:
Francisco Gravku (Contact Person)
Probate Liquidation Solution LLC. (Firm/Company)
(Address) #201
Boynton Beach, F1 33435 (City/State and Zip Code)
For further information concerning this matter, please call: Francisco Gravlau at 561 740 - 9784 888 26
For further information concerning this matter, please call: Francisco Graulau at 561 740 - 9784 887 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: [1825 Filing Fee 8 555 Fili
(Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: State
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 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 company Probate Ligui c			-	ment
	oility company was organ				
	cument/registration number	·	• •	OV 26 ETAR HASS	-
4. I, <u>Sue</u> (Print)	Beydoun Name of Person Resigning)	, hereby resign a	is a MG	R.M. P.	
of this limited lia resignation in w	ability company and affirm			70 /	f my
Sue	Bezdou				
Signature of Res	signing Member, Managir	ng Member or Manager			
_	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				