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SECRETARY OF STATE
SHAASSEE, FLORIG

J. BRYAN

APR - 2 2009

EXAMI

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: For Him LLC (Name of Limited Liability Con	npany)	
The enclosed member, managing member or manager resignifiling.	nation and fee(s) are submi	tted for
Please return all correspondence concerning this matter to:		
Jake Fassnacht (Contact Person)	-	
(Comact Person)		īs o
For Him LUC (Firm/Company)	_ 、	EGG P
(Firm/Company)		HAS.
425 EAST Spruce St. (Address)	-	是 正
Tarpon Springs FL 34689 (City/State and Zip Code)	-	OS APR -1 AM 11: 21 SECRETARY OF STATE SECRETARY OF STATE
For further information concerning this matter, please call:		
Teff Kingsford at (727 (Name of Contact Person) (Area Code	36/. 15/0 & Daytime Telephone Numb	er)
Enclosed please find a check made payable to the Florida D \$25 Filing Fee	Department of State for: 655 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	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

	limited liability compar	ny as it appo	cars on the record	s of the Flori	ida Department	
	ility company was orga	nized under	the laws of:		09 APR - 1 AI SECRETARY I	77 -
	ment/registration numb	ber of this li	mited liability cor	mpany is:	MII:21	: :
· · · · · · · · · · · · · · · · · · ·	RoSA人o ame of Person Resigning)	, 1	hereby resign as a		SUSENT at Title)	
of this limited liat resignation in wri	pility company and affiniting.	rm the limit	ed liability compa	iny has been	notified of my	
Signature of Resi	gning Member, Manag	ing Member	r or Manager			
Filing Fee:	\$25.00 (Required)					
Certified Copy:	\$30.00 (Optional)			٠		

CR2E079 (5/06)