· L07000090484

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SECRETARY OF STATE

NIT AHASSEE, FLORIDA

S. HAWKES

SEP 1 5 2009

EXAMINER

CR2E079 (5/06)

COVER LETTER

Division of Corporations	
SUBJECT: L: Fevert	Liability Company)
(Name of Limited	Liability Company) .
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
Joseph Amendola (Contact Person)	
(Contact Person)	
(Firm/Company)	
2704 Amanda Kay (Address)	Way
(City/State and Zip Code)	
For further information concerning this matter,	please call:
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the state of	he Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



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	limited liability compa	ıny as it aş	pears on the records	of the Florida Department
of State is:	Lifevest T	radin	ر داسل بدر	
2. This limited liab	ility company was orga	anized und	ler the laws of:	
F)	or: da			
3. The Florida docu	ment/registration num	ber of this	limited liability con	npany is:
L0-	1000090484	· · · · · · · · · · · · · · · · · · ·	÷	
4. I, Joseph (Print N	R. AminDol To ame of Person Resigning)		, hereby resign as a	Manager (Print Title)
of this limited lial resignation in wr		rm the lin	nited liability compar	ny has been notified of my
	201			
Signature of Resi	gning Member, Manag	ing Meml	per or Manager	
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			

CR2E079 (5/06)