## 107 000090741

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

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05/05/09--01004--023 \*\*25.00



S. HAWKES

MAY 0 6 2009

EXAMINER

## **COVER LETTER**

TO:	Registration Section	
	Division of Corporations	·
SUBJ	ECT: USA MIAMI LLC	
	(Name of	Limited Liability Company)
The enfiling.		er or manager resignation and fee(s) are submitted fo
Please	return all correspondence concern	ing this matter to:
JONA	ATHAN WILLIAMS ESQ	
	(Contact Person)	
	(Firm/Company)	
149 S	RIDGEWOOD AVE, SUITE 100	0
	(Address)	
DAYT	ONA BEACH, FL 32114	
	(City/State and Zip Code)	
For fu	rther information concerning this n	natter, please call:
IUNIA.	THAN WILLIAMS	at ( 386 ) 338-0674
, O. 17 (	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclos	sed please find a check made payaber \$25 Filing Fee	ole to the Florida Department of State for:  \$55 Filing Fee &  Certified Copy
	ET/COURIER ADDRESS:	MAILING ADDRESS:
_	ration Section on of Corporations	Registration Section
	on of Corporations  1 Building	Division of Corporations P.O. Box 6327
	Executive Center Circle	Tallahassee, Florida 32314
	assee, Florida 32301	

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	limited lightlity company of	it appears on the records of the Florida Department
	* * *	it appears on the records of the Florida Department
of State is: USA	WIAMI LLC	
2. This limited liab	ility company was organized	l under the laws of:
FLORIDA		
		·
7 The Florida deep	mant/registration number of	f this limited liability company is:
	_	tins nimed habitity company is.
L0700009074	• ]	<del></del> •
4. I, NEERAJ KAN		, hereby resign as a MANAGER
(Print N	ame of Person Resigning)	(Print Title)
of this limited lial resignation in wri		e limited liability company has been notified of my
Non;	<u>Kala</u>	
Signature of Resi	gning Member, Managing N	lember or Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	