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(Address)	<u></u>
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PICK-UP WAIT	MAIL ,
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(Document Number)	
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A. LUNT

JUL 15 2008

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SECRETARY OF STATE

COVER LETTER

Division of Corporations	
SUBJECT: SAINZ & MULL LL (Name of Limited Liability	ty Company)
The enclosed member, managing member or manager filing.	resignation and fee(s) are submitted for
Please return all correspondence concerning this matter	er to:
Manue / R. Mull (Contact Person)	TALLA J
SAINZ & MULL / LC (Firm/Company)	TALLAHASSEE, FLORIDA
13014 N. DAIS MARRY HLA (Address)	2: 27 STATE FLORIDA
TAMPA FL 33(a)(S) (City/State and Zip Code)	
For further information concerning this matter, please	call:
Manue / R. Mul/ at (813) (Name of Contact Person) (Area	3 SUZ-U9(66 Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flor \$25 Filing Fee	rida 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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	mited liability company a AINZ & MUL	as it appears on the records	of the Florida Dep	
	ity company was organize			
	_	of this limited liability com	ipany is:	
1. 1, <u>Manue</u> (Print Nai		hereby resign as a	OWNEY MIC (Print Title)	<u>unaz</u> er
of this limited liabi resignation in writi		the limited liability compar	ny has been notifie	d of my
	2/		i TAI	
Signature of Resig	ning Member, Managing	Member or Manager	ECRET	77
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		JUL 14 P 2: 27 RETARY OF STATE HASSEE, FLORIDA	