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COVER LETTER

Division of Corporations						
SUBJECT: L R Caroup LLC (Name of Limited Liability Company)						
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Laurent C Valles 5r						
L+K Group LLC (Firm/Company)						
3804 Carrollwood PL Cir Apt 101 (Address)						
Tampa FL 33624 (City/State and Zip Code)						
For further information concerning this matter, please call:						
Theresa D Zipler at (8/3) 932-9855 (Name of Person) (Area Code & Daytime Telephone Number)						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)						

MAILING ADDRESS:

TO:

Registration Section

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301



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 of State is:	limited liability compa	any as it appears on	the records of the Flo	
2. This limited liab	ility company was orga	ſ		SEPARE JARY OF SATIONS INVESTOR OF CORPORATIONS 08 MAR 24 PH 1:21
	nment/registration num 700009430		liability company is:	ÖNS 21
4. I, Roxy Frint N	S. McCarH ame of Person Resigning)	14 , hereby	resign as a <u>Mak</u> QPri	int Title)
resignation in wri	he El	>		n notified of my
Signature of Resignature	gning Member, Manag	ing Member or Ma	nager _.	
	\$25.00 (Required) \$30.00 (Optional)	•		