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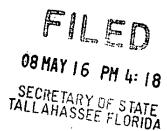
COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: SAA COSTONE LAC (Name of Limited Liability Company)				
The enclosed member, managing member or manager refiling.	esignation and fee(s) are submitted for			
Please return all correspondence concerning this matter	to:			
ALAN NATHAN				
(Contact Person) SIA LOUTONE LLC (Firm/Company)				
2244691SCA1NEB	<u>(50</u>			
StiAuriFL 33/3A				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Mame of Contact Person) at (954) (Area Co	53/-3/21			
(Name of Contact Person) (Area Co	ode & Daytime Telephone Number)			
Enclosed please find a check made payable to the Florid \$25 Filing Fee	a Department of State for: \$55 Filing Fee & Certified Copy			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section Division of Corporations	Registration Section Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle	Tallahassee, Florida 32314			

CR2E079 (5/06)

Tallahassee, Florida 32301





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

of State is:	limited liability company as	it appears on the records	of the Florida Department
2. This limited liab	ility company was organized	l under the laws of:	
3. The Florida docu	ument/registration number of	f this limited liability com	pany is:
4. I, <u>STAH.</u> Print N	ANIE KAY ame of Person Resigning)	, hereby resign as a _	MUMBLA (Print Title)
resignation in wri	bility company and affirm the iting graph of the state of		y has been notified of my
Filing Fee	\$25.00 (Required)		

Certified Copy:

\$30.00 (Optional)