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(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	
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SECRETARY OF STATE

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## **COVER LETTER**

Division of Corporations
SUBJECT: LST SCHOLCS, LLC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Vonessa Herman Derz (Contact Person)
LST Services, LLC (Firm/Company)
(001 Ne 30 4 St. #1001
Miami, Fl 33131  (City/State and Zip Code)  Reg 3  Reg 3  Reg 3
For further information concerning this matter, please call:
Vane of Contact Person) at (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee \$  Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301

TO: Registration Section



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company a		s of the Florida Department	
2. This limited liab	ility company was organize	ed under the laws of:	•	
3. The Florida docu	ment/registration number of	of this limited liability cor	mpany is:	
4. I, <u>Vanes</u> (Print N	SCI HEMANDE ame of Person Resigning)	, hereby resign as a	(Print Title)	
of this limited lial resignation in wr	pility company and affirm the	he limited liability compa	ny has been notified of my	
Signature of Resi	gning Member, Managing I	Member or Manager	2007 OCT 25 SECRETARY TALLAHASSE	の間が
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		AM II: 0	gives their