

(Req	uestor's Name)	
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(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Docu	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	
Resign	`	
	Office Use Or	nlv



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COVER LETTER

то:	Registration of	n Section Corporation	s		
SUBJ	ЕСТ:	San	Name of Limited	و کرر Liability C	. C
					ignation and fee(s) are submitted for
Please	return all co	rrespondenc	e concerning this	matter to	:
	De	borah	Symuel son)		
		(Contact Per	rson)		
		(Firm/Comp	any)		
	Suo	N E (Address)	2 00 Au	J.	_
			_ るるほう Zip Code)		_
For fu			ing this matter, p		:
<u> </u>	uc AB	aAms	at (70 <u>8</u>	e & Daytime Telephone Number)
	sed please fin		ade payable to the	e Flor <u>ida</u>	Department of State for: \$55 Filing Fee & Certified Copy
Registr Division Clifton 2661 E	ET/COURI ration Section on of Corpora Building Executive Ce	ations nter Circle	SS:		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

1. The name of the	limited liability	y company as it	t appea	ers on the reco	rds of th	ne Florida	a Departn	nent
of State is:	SAM	DEVEL	.82	رده				·
2. This limited liab	ility company v らふいひょ	was organized ı	ınder t 	he laws of:				
3. The Florida docu	ument/registrati	on number of t	his lim 	uited liability o	ompany	is:		
4. I, Muchae (Print N	S Ame	\ signing)	, he	ereby resign as	: a <u>~~</u>	သ્યહ્ય (Print T	Me n	<u>V</u> BEL
of this limited liab resignation in wri	bility company							
Signature of Resi	gning Member,	, Managing Me	mber o	or Manager				
Filing Fee: Certified Copy:							07 DEC 13	SECIALIVI SACIALIVIA
							AH 11: 17	