L07000102292

(R	equestor's Name)		
(Address)				
(A	ddress)			
(C	ity/State/Zip/Phor	ne #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	es of Status		
Special Instructions to Filing Officer:				
·				

Office Use Only



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OR ALIG 13 PM 1:38

J. BRYAN

AUG 1 4 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: IQF LIVE SHELLFISH, LI (Name of Limited Liability)	
The enclosed member, managing member or manager filing.	resignation and fee(s) are submitted for
Please return all correspondence concerning this matter	er to:
DENISE HOLLOWAY	0
(Contact Person)	08 AUG 13
DOLUMED A 1000011770	6
BOUVIER & ASSOCIATES	
(Firm/Company)	-
3210 N. WICKHAM ROAD SUITE	. 5
(Address)	
MELBOURNE, FLORIDA 32935 (City/State and Zip Code)	
For further information concerning this matter, please	call:
ERIK BLOOM at (32 (Area	21) 752-9967 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:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	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

	limited liability company as F LIVE SHELLFISH		ls of the Florida D	Department
2. This limited liab	pility company was organized	under the laws of:		
3. The Florida doc <u>L070001</u>	ument/registration number of 02292	this limited liability cor	mpany is:	
4. I, HENRY	ZOGAIB Tame of Person Resigning)	, hereby resign as a	VICE PRE	SIDENT
of this limited lia resignation in wr	bility company and affirm the iting.	: limited liability compa	any has been notif	fied of my
Signature of Res	igning Member, Managing M	ember or Manager		DIVISION OF C
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			IS PH 1: 3