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(Re	equestor's Name)	
(Ad	ldress)	
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(Ad	ldress)	
, (Cit	ty/State/Zip/Phone	9#)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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T. CLINE JUL 2 2 2008 EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: HACKNEY LLC		
(Name of Limited	Liability Company)	
The enclosed member, managing member or matiling.	anager resignation and fee(s) are submitted for	
Please return all correspondence concerning thi	s matter to:	
Jean-Francois St-Laurent		
(Contact Person)		
(Firm/Company)		
1133 Broadway, # 706		
(Address)		
New York, NY 10010	ABJUL 21 PH 12: 5	
(City/State and Zip Code)	The state of	
For further information concerning this matter,	please call:	
Jean-Francois St-Laurent	320-6938	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to t \$25 Filing Fee	he Florida 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

1. The name of the limited liability company as it a of State is: HACKNEY LLC	ppears on the records of the Fl	orida Departme	nt ∴
2. This limited liability company was organized und FLORIDA	der the laws of:		
3. The Florida document/registration number of this L07000103024	s limited liability company is:	THE LARASSE	anapres (see
4. I, Jean-Francois St-Laurent	, hereby resign as a MGR	PR PR PR	
(Print Name of Person Resigning)	(F	Print Title)	
of this limited liability company and affirm the lin	nited liability company has be	en notified of m	у
Signature of Resigning Member, Managing Mem	ber or Manager		

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)