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SECRETARY OF STATE TALLAHASSEE, FLORID

T. CLINE
AUG 2 5 2008
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FINANCIAL RELIEF (Name of Limited Liability Con	SERVCES, LCC.
The enclosed member, managing member or manager resig filing.	nation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
Vateskal. Jacques (Contact Person)	-
(Contact Person)	
(Firm Company)	-
8224 SW157 CT (Address)	SECRETATION AND
MIAMI IFT 33193	AHASSE
(City State and Zip Code) For further information concerning this matter, please call:	22 PH 1: 05 ASSEE, FLORID
(Name of Contact Person) at (786) (Area Code	2(8.102) & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D	
Registration Section Division of Corporations Clifton Building	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

	nited liability company as it a		
	ty company was organized und	der the laws of:	
	ent/registration number of this	s limited liability company is:	
4. I, Valeska	. SA CAVES e of Person Resigning)	, hereby resign as a	WARE STORY
of this limited liabil resignation in writin	ity company and affirm the ling.	nited liability company has be	., ,
Signature of Resign	ng Member, Managing Mem	ber or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		