L07000110827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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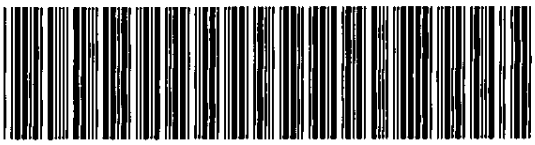

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TALLAHASSEE, FLORIDA

T. CLINE

MAY - 7 2008

EXAMINER

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 16, 2008

JEAN-FRANCOIS ST-LAURENT
1133 BROADWAY, SUITE 706
NEW YORK, NY 10010

SUBJECT: CLAS LLC
Ref. Number: L07000110827

We have received your document for CLAS LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for $25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 308A00022667

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLAS 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:

Jean-Francois St-Laurent
(Contact Person)

Forsythe
(Firm/Company)

1133 Broadway, suite 706
(Address)

New York, N.Y. 10010
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Jean-Francois St-Laurent at (201) 320-6938
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:
☑ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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 company as it appears on the records of the Florida Department of State is: CLAS LLC.

2. This limited liability company was organized under the laws of: Florida.

3. The Florida document/registration number of this limited liability company is: L07000110827.

4. I, Jean-Francois St-Laurent, hereby resign as a Manager
(Print Name of Person Resigning) *(Print Title)*
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature of Resigning Member, Managing Member or Manager

Filing Fee: $25.00 (Required)
Certified Copy: $30.00 (Optional)

CR2E079 (5/06)