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S. HAWKES
JUN 2 4 2009
EXAMINER

COVER LETTER

Division of Corporations				
SUBJECT: IGOTO, 4	LC.			
(Name of Limited Liability Company)				
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for			
Please return all correspondence concerning	this matter to:			
Glenn Pordy (Contact Person)				
(Firm/Company)	······································			
1524 AVON MORE SQU. (Address)	ALS			
PICKERING, ONTARIO, CAN (City/State and Zip Code)	ADA LIV7H3			
For further information concerning this matter	er, please call:			
(Name of Contact Person)	at (239) 834-7470 (Area Code & Daytime Telephone Number)			
Enclosed please find a check made payable t \$25 Filing Fee	to the Florida Department of State for: \$55 Filing Fee & Certified Copy			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			

CR2E079 (5/06)

Tallahassee, Florida 32301

TO: Registration Section



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 li	mited liability company as it	t appears on the records of the	Florida Department
of State is:	IGOTO, L	LC	··································
2. This limited liabil	ity company was organized t	under the laws of:	PIL TALLAHASE
3. The Florida docum	nent/registration number of t	his limited liability company i	
L0700	x0 <i>112 5</i> 05	·	2.20
4. I,	ne of Person Resigning)	, hereby resign as a MA	<u>.</u>
of this limited liabi resignation in writi	• •	limited liability company has	been notified of my
Signature of Resig	ning Member, Managing Me	ember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		