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(Requestor's Name)				
(Address)	_			
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(City/State/Zip/Phone #)	_			
PICK-UP WAIT MAIL				
_ _ _				
(Business Entity Name)				
(December 1)	_			
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BLUE EAGLES US LLC	d Liability Company)
(Name of Limite	d Liability Company)
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
VILMA LOPEZ	
(Contact Person)	
(Firm/Company)	
12555 Orange Drive No. 226	
(Address)	
Davie, Florida 33330	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Vilma Lopez	11 (954 ₎ 600-3794
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable 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 Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



08 APR 22 AM IO: 54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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 LUE EAGLES US LLO	it appears on the records of the Florida Department
2. This limited liab FLORIDA	ility company was organized	under the laws of:
3. The Florida docu L07000148	-	this limited liability company is:
4. I, VILMA LOPEZ (Print Name of Person Resigning)		, hereby resign as a MANAGER (Print Title)
of this limited lial resignation in wr	pility company and affirm the ting.	e limited liability company has been notified of my
Signature of Resi	gning Member, Managing M	ember or Manager
_	\$25.00 (Required) \$30.00 (Optional)	