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SECRETARY OF STATE

T. HAMPTON AUG 2 5 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Alyssa FARI (Name of Limited)	LLC Liability Company)
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	is matter to:
TERESA M'DANILL (Contact Person)	
Alyssa = Agion LLC (Firm/Company)	
17460 Celia Ave (Address)	
Brooks ville, FL. 34604 (City/State and Zip Code)	
For further information concerning this matter,	please call:
(Name of Contact Person)	t (813) 784 8232 (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 P.O. Box 6327
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	imited liability company as it ap		e Florida Department
	ity company was organized und		
L070001	ment/registration number of this	÷	
4.1, Harriet (Print Na	Cherrell Norton me of Person Resigning)	, hereby resign as a	MGR (Print Title)
resignation in writ	lity company and affirm the liming. Managing Member, Managing Member		s been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		08 AUG SECRETA