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| (Re                     | questor's Name)   |           |  |  |
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| (Address)               |                   |           |  |  |
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| (Ad                     | dress)            |           |  |  |
| (Au                     | uiess)            |           |  |  |
|                         |                   |           |  |  |
| (Cit                    | y/State/Zip/Phone | #)        |  |  |
| PICK-UP                 | ☐ WAIT            | MAIL      |  |  |
|                         |                   |           |  |  |
| (Business Entity Name)  |                   |           |  |  |
|                         |                   |           |  |  |
| (Document Number)       |                   |           |  |  |
|                         |                   |           |  |  |
| Certified Copies        | Certificates      | of Status |  |  |
|                         |                   |           |  |  |
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| Special Instructions to | Filing Officer:   |           |  |  |
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#### **COVER LETTER**

| TO: Registration Section Division of Corporations              |  |
|--|--|
| SUBJECT: XCELLS, LLC (Name of Limiter                          | d Liability Company)   |
| (Name of Ellinea   | a Bluomity Company)  |
| The enclosed member, managing member or m filing.              | anager resignation and fec(s) are submitted for                        |
| Please return all correspondence concerning th                 | is matter to:  |
| FRANKLIN F PEREIRA   |  |
| (Contact Person)   |  |
|  |  |
| (Firm/Company)   |  |
| 525 SW 12TH ST   |  |
| (Address)  |  |
| FORT LAUDERDALE, FL 33315                                      |  |
| (City/State and Zip Code)                                      |  |
| For further information concerning this matter,                | please call:   |
| FRANKLIN F PEREIRA   | <sub>it (</sub> 954 <sub>· )</sub> 448-5830                            |
| (Name of Contact Person)                                       | (Area Code & Daytime Telephone Number)                                 |
| Enclosed please find a check made payable to t \$25 Filing Fee | the Florida Department of State for:  \$55 Filing Fee & Certified Copy |
| STREET/COURIER ADDRESS:  | MAILING ADDRESS:   |
| Registration Section Division of Corporations                  | p Registration Section  Division of Corporations                       |
| Clifton Building   | P.O. Box 6327  |
| 2661 Executive Center Circle Tallahassee, Florida 32301        | Tallahassee, Florida 32314   |

CR2E079 (5/06)



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 1, 2008

FRANKLIN F PEREIRA 525 SW 12TH ST FT. LAUDERDALE, FL 33315

SUBJECT: XCELLS, LLC Ref. Number: L07000120176

We have received your document for XCELLS, 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 \$55.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis Regulatory Specialist II

Letter Number: 408A00052178

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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 | it appears on the records o   | f the Florida Department |
|--|------------------------------|-------------------------------|--------------------------|
| of State is: XCI                           | ELLS, LLC                    |                               | •                        |
|  |                              |                               |                          |
| 2. This limited liab FLORIDA               | ility company was organized  | I under the laws of:          |                          |
| 3. The Florida docu<br>L07000120           | ment/registration number of  | f this limited liability comp | any is:                  |
| 4. I. FRANKLIN                             | I F PEREIRA                  | , hereby resign as a _N       | //GR                     |
| (Print Name of Person Resigning)           |                              | , noresy resign as a          | (Print Title)            |
| of this limited liab<br>resignation in wri | pility company and affirm th | e limited liability company   | has been notified of my  |
|  | H)                           |                               |                          |
| Signature of tesi                          | griing Member, Managing N    | 1ember or Manager             |                          |
| Filing Fee:                                | \$25.00 (Required)           |                               |                          |
| Certified Copy:                            | \$30.00 (Optional)           |                               |                          |