L0700122649

(Re	questor's Name)	
•		
(Ad	dress)	<u></u> <u>-</u>
,		
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
	_	
Special Instructions to	Filing Officer:	

Office Use Only



300121663743

04/14/08--01027--010 ++25.00

SECRETARY OF STATE

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: / aJa Juris &	
Name of Limited Liability C	отралу)
The enclosed member, managing member or manager resfiling.	ignation and fee(s) are submitted for
Please return all correspondence concerning this matter to):
Jajidah d. Laleem Alice Flowers (Contact Person)	
Masa Surs LSC	·
13311 - (Film/Company) (Address)	658 Newton Avenue South
City/State and Zip Code)	St.Petersburg, F1 33701-5410
For further information concerning this matter, please cal	l:
(Name of Contact Person) at (Area Coo	(727) 512-3263 le & Daytime Telephone Number)
(Finance of Contact Contact)	
Enclosed please find a check made payable to the Florida	
\$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Division of Corporations	
P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



FILED 08 APR 14 PM 2: 02

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

1. The name of the	limited hability company as it appears on the records of the Florida Department
of State is:	La Juris, La C
2. This limited hab	ility company was organized under the laws of:
3. The Florida doci	ument/registration number of this limited liability company is:
<u>L0700</u>	FLOWERS The property of the p
4. I,ALICE	FLOWERS , hereby resign as a long wenter
(Print N	ame of Person Resigning) (Frin Title)
of this limited lial resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Phe Ile	
Signature of Resi	igning Member, Managing Member or Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)