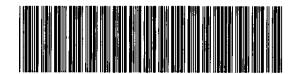
## 12700123957

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
·
(Dunings Entity Name)
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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EXAMINER

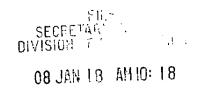
## **COVER LETTER**

Division of Corporations	
SUBJECT: VIVE TICCLI (Name of Limited	MONICS LUC Liability Company)
The enclosed member, managing member or ma filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
Zusty Rich (Contact Person)	**************************************
(Firm/Company)	
128, W Grape Ann't (Address)	Con
Clear water FL 33 (City/State and Zip Code)	759
For further information concerning this matter, p	please call:
(Name of Contact Person) at	( <u>LlZ</u> ) <u>518-9702</u> (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	ne 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





## 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 a	appears on the records of the Florida Department
	oility company was organized un	
3. The Florida docu	ument/registration number of thi	
4. I,	lame of Person Resigning)	, hereby resign as a Managina Member (Print Title)
of this limited liab resignation in wr	* * *	imited liability company has been notified of my
Signature of Resi	Igning Member, Managing Mem	nber or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	