## L07000126340

•				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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EXAMINER

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## **COVER LETTER**

Division of Corporations
SUBJECT: SOS Blankets UC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Ellen Siegel (Contact Person)
SOS Blankots UC
7329 and Aven
St Refers burg 71 33710 (City/State and Zip Code)
For further information concerning this matter, please call:
Ellen Siegel at (727) 543-4062 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$25 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)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	the limited liability company as it	appears on the records	of the Florida Department
2. This limited l	liability company was organized u	nder the laws of:	HOV 14 MI
	locument/registration number of tl 00126340	his limited liability con 	npany is:
,	resa Stewart nt Name of Person Resigning)	, hereby resign as a	Managing member
of this limited resignation in	liability company and affirm the lwriting.	limited liability compar	ny has been notified of my
Signature of R	Resigning Member, Managing Member	mber or Manager	
Filing Fee:	\$25.00 (Required)		

Certified Copy:

\$30.00 (Optional)