1800014/39

(Red	questor's Name)			
(Add	dress)	 		
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(City	y/State/Zip/Phone	e #)		
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PICK-UP	☐ WAIT	MAIL		
(Bus	siness Entity Nar	me)		
(Do	cument Number)			
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Special Instructions to I	Filing Officer:			
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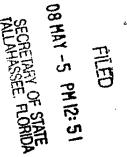
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M. Thomas MAY - 6 2008

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Ultimate Party Property (Name of Limite	ofessionals, LLC Ed Liability Company)
The enclosed member, managing member or n filing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	nis matter to:
Cristina Martin (Contact Person)	THE SECOND SECON
Ultimate Party Angessia (Firm/Company)	nals, Lice
	*
2040 plateau Road. (Address)	
Cleanuater, FL 33 (City/State and Zip Code)	785
For further information concerning this matter	, please call:
Cristina Martin (Name of Contact Person)	at (727) 244-9 9 09 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	the Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
l	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
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 compa				rida Depar	rtment	
	ity company was orga		,		SECRETARY	08 HAY -5 PH 12: 5	エー
3. The Florida docur	ment/registration num	ber of this	limited liability co	mpany is:	OF STATE	H 12:51	
	Pikramenos me of Person Resigning)		hereby resign as a	MGR (Prin	nt Title)		
of this limited liabi resignation in writi	lity company and affiing.	rm the limi	ted liability compa	any has been	notified	of my	
5			_				
Signature of Resig	ning Member, Manag	ing Membe	er or Manager				
Filing Fee:	\$25.00 (Required)						

Certified Copy:

\$30.00 (Optional)