L08000010614

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cil	ty/State/Zip/Phon	e #)
·		,
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
; (Do	ocument Number	
,	·	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300118102953

02/15/08--01011--013 **25.00

08 FEB IS AM IO: 43
SECRETARY OF STATE
ANASSEF FLORIDA

COVER LETTER

FO: Registration Section Division of Corporations	
SUBJECT: SVUPO TOSCA LLC (Name of Limited Liability Company)	
The enclosed member, managing member or manager resignation and fee(s) are submitted for iling.	
Please return all correspondence concerning this matter to:	
LISA Lanza Esq. (Contact Person)	
Lisette Pre Salazar PA	
200 Crondon Bld. Site 311 (Address)	
12y Biscayn R 33149 (City/State and Dip Code)	
For further information concerning this matter, please call:	
(Name of Contact Person) at (305) 361-6161 (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 & Certified Copy	
STREET/COURIER ADDRESS: MAILING ADDRESS:	
Registration Section Registration Section	
Division of Corporations Division of Corporations P.O. Box 6327	
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314	
Tallahassee, Florida 32301	

CR2E079 (5/06)



FILED 08 FEB 15 AM 10: 43 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 of State is:	limited liability company as it appears on the records of the Florida Department
	lity company was organized under the laws of:
	ment/registration number of this limited liability company is:
4. I, Blan (Print No.	ame of Person Resigning), hereby resign as a Managor (Momber (Print Pitle)
of this limited liab	pility company and affirm the limited liability company has been notified of my
Ham	Months Managing Mambar or Managar
Signature of Resi	gning Member, Managing Member or Manager
•	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)