6080000 10886

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
7				
(Business Entity Name)				
(Document Number)				
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SECRETARE DE STATE
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M. THOMAS

JAN - 5 2010

EXAMINER

COVER LETTER

TO: Registration Section

Tallahassee, Florida 32301

CR2E079 (5/06)

Division of Corporations	
	MESS LLC nited Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:
JULIE DJANOVAC (Contact Person)	
BLESS THIS MEGS (Firm/Company)	
2829 INLET COVE LANCE (Address)	2010 JAH -4 PH 1: 19 TALLAHASSEE, FLORIDI
NAPLES , FL 34120 (City/State and Zip Code)	
For further information concerning this matt	er, please call:
TULE OJANOUAC (Name of Contact Person)	at (<u>239</u>) <u>352 - 3716</u> (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	to the Florida Department of State for: \$\square\$\$ \$\\$\\$\$ \$\\$\$ \$\\$\$ Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314



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 li	mited liability company as	s it appears on the records	of the Florida Department
_	ESS THIS IV		I S I
	ty company was organized	d under the laws of:	JAN-4 PH 1: 19
3. The Florida docum	nent/registration,number o	f this limited liability com	ppany is:
EN: 26-	1858254/LO8	<u>00</u> 0010886	7
4. I, CHRISTII	UA SUEC ne of Person Resigning)	, hereby resign as a	CO-OWNGQ (Print Title)
of this limited liabil resignation in writi		e limited liability compar	ny has been notified of my
Chung function of Resignature of Resignature	SvCC ning Member, Managing N	Member or Manager	
orginature of Resign	mig wiember, managing i	nomber of ividinage	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		