## 108000015905

(Requestor's Name)	
(Address)	
,	
(Address)	
(City/State/Zip/Phone #)	—
<u></u>	
PICK-UP WAIT MAIL	
(Business Entity Name)	—
(Document Number)	—
Certified Copies Certificates of Status	
Special Instructions to Filing Officer	$\neg$
Special Instructions to Filing Officer:	
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SECRETARY OF STATE



## **COVER LETTER**

CR2E079 (5/06)

TO: Registration Section Division of Corporations	
SUBJECT: RAIDEN ENTERPRISES LLC	
(Name of Limited Liability C	Company)
The enclosed member, managing member or manager resfiling.	signation and fee(s) are submitted for
Please return all correspondence concerning this matter to	o:
LARRY E. COLLINS	
(Contact Person)	<del></del>
THE COLLINS GROUP OF MIAMI	
(Firm/Company)	
18505 SW 104 AVE STE 1	O9 M SECI TALL
(Address)	MAR 12 CRETARY LAHASSE
MIAMI, FLORIDA 33157	F14 76
(City/State and Zip Code)	- Fr
For further information concerning this matter, please ca	AMII: 26 OF STATE E. FLORIDA
LARRY E. COLLINS at ( 786	<sub>3</sub> 419-5442
	de & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida  25-Filing Fee	a Department of State for: \$55 Filing Fee & 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 32301	Tallahassee, Florida 32314



## 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 IDEN ENTERPRISES	it appears on the records of the Florida Departm	nent 
2. This limited liab	ility company was organized	77	
3. The Florida doc 	-	SECRETARY CLLAHASSEE,	
4. I, EDDIE L.	WILCOX JR.  Jame of Person Resigning)	, hereby resign as a MGRME	コ
of this limited lia resignation in wr	bility company and affirm the	e limited liability company has been notified of	my
Signature of Res	gning Member, Managing M	iember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		