## L080000 18010

| • (Requestor's Name)                    |        |  |  |  |
|---|--------|--|--|--|
| (Address)                               | ,      |  |  |  |
| (Address)                               |        |  |  |  |
| (City/State/Zip/Phone #)                |        |  |  |  |
| PICK-UP WAIT                            | MAIL   |  |  |  |
| (Business Entity Name)                  |        |  |  |  |
| (Document Number)                       |        |  |  |  |
| Certified Copies Certificates of        | Status |  |  |  |
| Special Instructions to Filing Officer: |        |  |  |  |
|   | ,      |  |  |  |
|   |        |  |  |  |
|   |        |  |  |  |

Office Use Only



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FILED SECRETARY OF STATE SECRETARY OF CORPORATIONS ON OF CORPORATIONS

J. BRYAN

OCT 15 2008

EXAMINER

## **COVER LETTER**

| TO: Registration Section   |  |                     |
|--|--|---------------------|
| Division of Corporations   |  |                     |
| SUBJECT: HUMANTIS LLC  |  |                     |
| (Name of Limited L   | iability Company)  |                     |
| The enclosed member, managing member or man filing.              | ager resignation and fee(s) are submitted for                      |                     |
| Please return all correspondence concerning this t               | matter to:   |                     |
| MARCELO SPAK   |  |                     |
| (Contact Person)   |  |                     |
| HUMANTIC LLC   | :  | <b>-</b>            |
| (Firm/Company)   | <br>တ  | 15.5                |
| PO BOX 630121  |  | INVISION OF CURE OF |
| (Address)  |  | CON                 |
| MIAMI, FL 33613  | 08 OCT 14 PH 12: 55  | 011                 |
| (City/State and Zip Code)  | <u>න</u>   |                     |
| For further information concerning this matter, plants           | ease call:   |                     |
| Marco of Seal at (Name of Contact Person)                        | Area Code & Daytime Telephone Number)                              |                     |
| Enclosed please find a check made payable to the \$25 Filing Fee | Florida 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<br>Tallahassee, Florida 32301       | 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

| 1. The name of the of State is: HUN |  | it appears on the records of t  | he Florida Department  |
|-------------------------------------|--|---------------------------------|------------------------|
| 2. This limited liab                | lity company was organized               | l under the laws of:            | 08 OCT 14 PM 12: 55    |
| 3. The Florida docu<br>L080000180   | _  | f this limited liability compan | PH 12: 55              |
| 4. I, RON OHAN                      | NA .                                     | , hereby resign as a MC         | 3RM                    |
| (Print No                           | ame of Person Resigning)                 |                                 | (Print Title)          |
| of this limited liab                |  | e limited liability company ha  | as been notified of my |
| Signature of Resi                   | gning Member, Managing N                 | 1ember or Manager               |                        |
| Filing Fee:<br>Certified Copy:      | \$25.00 (Required)<br>\$30.00 (Optional) |                                 |                        |