L08000018198

(Request	or's Name)
(Address))
(Address)	•
(City/Stat	e/Zip/Phone #)
	_
PICK-UP	WAIT MAIL
(Business	s Entity Name)
(Docume	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:
-	•
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EXAMINER	





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SECRETARY OF STATE ALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT:	Rayty'S ATTIC	
The enclosed member, managing memb	er or manager resignation and fee(s) are submitted for	
Please return all correspondence concer	ning this matter to:	
(Contact Person)		
(Firm/Company)	30 F	
2080 SHeft	· · · · · · · · · · · · · · · · · · ·	(
(City State and Zip Code)	C(34/02	
For further information concerning this	matter, please call:	
(Name of Contact Person)	at (239) 280 - 8455 (Area Code & Daytime Telephone Number)	
Enclosed please find a check made paya \$25 Filing Fee	able to the Florida Department of State for: \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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 limited liability company as it appears on the records of the Florida Department of State is:
2. This limited liability company was organized under the laws of:
3. The Florida document/registration number of this limited liability companyis:
4. I, I Men De05A 9939 JAM 1987 Meneby resign as a MCRM (Print Name of Person Resigning) WAPIS FL 34/08 (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. Signature of Resigning Member, Managing Member or Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)