

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H120000141243)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone

: (305)634-3694

Fax Number : (305)633-9696

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MOMO AVENUE LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

J. SAULSBERRY EXAMINER

JAN 18 2012

https://efile.sunbiz.org/scripts/efilcovr.exe

EMPIRE CORP KIT

1/17/2012

9696889908

61:50 2102/21/10

PAGE 01/02



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: Mo	limited liability company a OMO AVENUE LLC	s it appears on the records	of the Florida De	partment		
2. This limited liability company was organize FLORIDA		ed under the laws of:		SECRETARY	2012 JAN 17	
3. The Florida docu L080000216	ment/registration number of 34	of this limited liability con	pany is:	E OA	AH 8: 33	
4. I. ROBERTO (3. PACE	hereby resign as a	MANAGER	>	ယ	
(Print Name of Person Resigning)			(Print Title)			
of this limited lial resignation in wri	pility company and affirm the	he limited liability compar -	ny has been notific	ed of my		
Signature of Resi	gning Member, Managing I	Member or Manager				
Piling Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					

CR2B079 (5/06)

H12000014124