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(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies	_ Certificates	s of Status		
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G. MCLEOD

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EXAMINER



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08 AUG 20 AM II: 5"



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ALL ABOUT YOU (Name of Limited	(LLC d Liability Company)
The enclosed member, managing member or m filing.	
Please return all correspondence concerning th	is matter to:
Michele L. Badanek M (Contact Person)	6R
ALL ABOUT YOU LLC (Firm/Company)	
P.o. Box 830631 (Address)	
Ocala, FLorida 34 (City/State and Zip Code)	483-0631
For further information concerning this matter,	please call:
Michael Bedarek MGR a (Name of Contact Person)	1(352) 236-1300
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t \$\int \frac{\text{\$\text{\$\text{X}}}}{25}\$ Filing Fee	he 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

	he limited liability company as it a ALL A Bout You		of the Florida Department
	iability company was organized un	der the laws of:	
3. The Florida d	ocument/registration number of the	 is limited liability comp	oany is:
4. I, Susad (Prin	DONNELLY It Name of Person Resigning)	_, hereby resign as a _	MANAGER (Print Title)
of this limited resignation in	liability company and affirm the li writing.	mited liability company	has been notified of my
_Sus	an Donnelly M.	s K	
Signature of R	esigning Member, Managing Mem	nber or Manager	Auditory ,
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		OB AUG :

18 AUG 20 AM II: 5"