## 106000021908

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
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EXAMINER

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**EXAMINER** 

## **COVER LETTER**

_	istration Section sion of Corporations				
SUBJECT:	r: 990 AND 994, LLC				
	(Name of Limite	d Liability Company)			
The enclose filing.	ed member, managing member or n	anager resignation	and fee(s) are submitted for		
Please retur	n all correspondence concerning th	is matter to:			
LINDA N	M. SMITH, ESQ.				
	(Contact Person)				
LAW OF	FICES OF LINDA M. SMI	TH			
	(Firm/Company)				
11900 B	iscayne Blvd., Suite 503				
	(Address)				
Miami Fl	_ 33181				
	(City/State and Zip Code)				
For further	information concerning this matter	please call:			
Linda M.	Smith	<sub>.t (</sub> 305 <sub>)</sub> 899	9-1415		
1)	Name of Contact Person)	(Area Code & Day	time Telephone Number)		
Enclosed pl	ease find a check made payable to \$\sqrt{2}\$\$\$ \$\frac{1}{2}\$\$\$ Filing Fee	\$55 Fil	nent of State for: ing Fee & tified Copy		
	COURIER ADDRESS:		LING ADDRESS:		
Registration	Section Corporations	_	tration Section ion of Corporations		
Clifton Buil			Box 6327		
2661 Execu	tive Center Circle	Tallal	hassee, Florida 32314		

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



## RESIGNATION OF MEMBER, MANAGING MEMBER OR MAN'S FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as AND 994, LLC	it appears on the record	s of the Florida Department
2. This limited liab	ility company was organized	under the laws of:	
3. The Florida doct L0800002	ument/registration number of	this limited liability cor	mpany is:
4. I, Joao R. Po	erez	, hereby resign as a	Managing Member
	lame of Person Resigning) bility company and affirm the iting.	limited liability compa	•
m			
Signature of Resi	gning Member, Managing M	ember or Manager	
_	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		