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SECRETARY OF STATE
ALLAHASSEF FLATE

D. BRUCE
AUG 24. 2011
EXAMINER

COVER LETTER

CR2E079 (5/06)

TO:	Registration Section			
	Division of Corporations			
SUBJ	ECT: NATALINA ENTERPRIS	SES LLC		
	(Name of Limite	ted Liability Company)		
The e		manager resignation and fee(s) are submitted	for	
Please	e return all correspondence concerning th	his matter to:		
ELA	INE RODRIGUES-DEGUTHI			
	(Contact Person)			
NAT	ALINA ENTERPRISES LLC			
	(Firm/Company)			
392	1 NW 37 TERR	A Control of the Cont	=	
٠.	(Address)	AHA HA	AUG 23	****
LAU	DERDALE LAKES, FL 33309) SSE SSE	23	Para.
	(City/State and Zip Code)		3	I
For fu	rther information concerning this matter,	r, please call:	छुः 23	1
ELA	INE RODRIGUES-DEGUTHI,	l _{at (} 954 ₎ 7098601		
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclo	sed please find a check made payable to a \$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy		
	ET/COURIER ADDRESS:	MAILING ADDRESS:		
_	ration Section	Registration Section		
	on of Corporations	Division of Corporations		
	n Building Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314		
	assee, Florida 32301	rananassee, rionga 32314		



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: FLO		s it appears on the records of	the Florida Department		
2. This limited liab	oility company was organized	d under the laws of:			
3. The Florida doc L0800002	——————————————————————————————————————	f this limited liability compar	ny is:		
4. I, ELIANA R	. PIERCE Jame of Person Resigning)	, hereby resign as a Mo	_, hereby resign as a MGR (Print Title)		
	bility company and affirm th	ne limited liability company h	as been notified of my		
Signature of Res	igning Member, Managing N	dember or Manager			
	\$25.00 (Required) \$30.00 (Optional)		11 AUG.		