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(Re	equestor's Name)	
(Ad	ldress)	
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SECKETARY OF STATE
AHASSEE, FLORIO

T. CLINE

AUG 1 2 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SAMBA - BRI (Name of Limite)	ZIL LLC d Liability Company)
The enclosed member, managing member or managing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
RENATA SWAIN (Contact Person)	
SAMBA-BRAZIL, L	LC
4035 S. SCHOOL AVENUE	LUNIT D-2
SARASOFA, FL 3423 (City/State and Zip Code)	AHASSEEL AND THE SEEL AND THE S
For further information concerning this matter,	please call:
Renata Swain (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



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 l	SAMBA-BRAZIL, LLC.
2. This limited liabil	ity company was organized under the laws of:
3. The Florida documents of the Florida docume	nent/registration number of this limited liability company is: OO28825 A. Starostecki, hereby resign as a Market in the start of the
•	me of Person Resigning) (Print Titte) — (Prin
Signature of Resignment Signature of Signature Signature of Signature Signat	\$25.00 (Required) \$30.00 (Optional)