

LO8000031064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

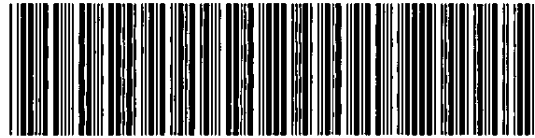
Special Instructions to Filing Officer:

**A. LUNT**

MAY 21 2008

**EXAMINER**

Office Use Only



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05/20/08--01022--011 \*\*25.00

2008 MAY 21 P 3:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JALLA LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Jacques Tauzin

(Contact Person)

(Firm/Company)

505 E Exchange Pkwy, Apt 4303

(Address)

Allen, TX 75002

(City/State and Zip Code)

For further information concerning this matter, please call:

Jacques Tauzin

(Name of Contact Person)

at ( 469 ) 734-5713

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$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

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TALLAHASSEE, FLORIDA

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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 limited liability company as it appears on the records of the Florida Department of State is: JALLA LLC

2. This limited liability company was organized under the laws of:  
Florida

3. The Florida document/registration number of this limited liability company is:  
L08000031064

4. I, Laura L Silbernack, hereby resign as a MGRM  
(Print Name of Person Resigning) (Print Title)  
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
2008 MAY 21 P 3:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA