## 1/0800003/364

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SECTION ART OF STATE

K. SALY EXAMINER FEB 2 1 2011

## **COVER LETTER**

Division of Corporations	
SUBJECT: Rilea Ventures LLC	
	Liability Company)
The enclosed member, managing member or milling.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning thi	s matter to:
Wendy Anderson	
(Contact Person)	
Wendy Anderson, P.A.	
(Firm/Company)	
1353 Palmetto Avenue, Suite 200	
(Address)	
Winter Park, Florida 32789	
(City/State and Zip Code)	
For further information concerning this matter.	please call:
Wendy Anderson at	(_407) 628-9081
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	ne Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
<u></u>	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as ea Ventures LLC	it appears on the records	s of the Florida Department	
2. This limited liah Florida	ility company was organized	d under the laws of:		
3. The Florida doc L08000003	ument/registration number o	f this limited liability con	mpany is:	
4. I. Rubi Akooka (Print Name of Person Resigning)		hereby resign as a	, hereby resign as a Managing Member	
of this limited lia resignation in wr Managing	bility company and affirm the iting. I Rub', AK member,	e limited liability compa LOOKA NEVER (	ny has been notified of my agreed to be	
Signature of Resi	gning Member, Managing N	Member or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			