## L08 000031708

(Requestor's Name)
(Address)
•
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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SECRETARY OF STATE
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T. CLINE

JUL -1 2008

EXAMINER



## 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 it appears on the records of the Florida Department	
2. This limited liab	lity company was organized under the laws of:	
4. I, Print No. of this limited liab resignation in wri	ment/registration number of this limited liability company is:  OO31708  , hereby resign as a (Printing)  willity company and affirm the limited liability company has been notified of my ting.	The state of the s
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	