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(1	Request	or's Name)			
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PICK-UP		WAIT	MAIL		
(Business Entity Name)					
(Document Number)					
Certified Copies		Certificates	of Status		

Special Instructions to Filing Officer:

L. SELLERS

MAY: 2 2 2009

EXAMINER

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05/21/03--01015--010 **25.00

SECRETARY OF STATE STATE AHASSEE FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: X8,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:
VIKtoria Telek (Contact Person)
X8,LLC (Firm/Company)
3050 Universal Blvd #100
Weston FL 33331 (City/State and Zip Code)
For further information concerning this matter, please call:
UK+oriaTe/eK (Name of Contact Person) at (305) 794-647-0 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314

Tallahassee, Florida 32301

CR2E079 (5/06)



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:	limited liability company as	s it appears on the record	ds of the Florida Departme	ent
2. This limited liab	ility company was organized	d under the laws of:	•.	
3. The Florida docu	ument/registration number of	f this limited liability co	ompany is:	
4. I, (Pfint N	ame of Person Resigning)	, hereby resign as	a VM () K (Print Title)	_
of this limited lial resignation in wri	pility company and affirm (i	ne limited liability comp	any has been notified of n	ny .
Signature & Resi	gnisig Member, Managing M	Member or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	· ,	TALLA	0110

CR2E079 (5/06)

PILED

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SECRETARY OF STATE