L0800004089/

(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:				





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S8CRETARY OF STATE
TALLAHASSEF FLORINA

T. HAMPTON

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

1. The name of the of State is:	limited liability company a HEAVENLY IN	s it appears on the records of	f the Florida Department 3と し.し.C.
	ility company was organize FOF FLORID		
BO4	19804000	of this limited liability compa	any is:
(Print N		, hereby resign as a	
of this limited lial resignation in wr		he limited liability company	has been notified of my
	ulsed tree	<u> </u>	
Signature of Resi	igning Member, Managing N	viember or Manager	
_	\$25.00 (Required) \$30.00 (Optional)		-
	•		74. SE

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