## 608000047298

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	A 1, 20 1
Certified Copies	_ Certificates	s of Status <u>(1397 ) </u>
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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S. HAWKES

NOV - 5 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Momo'5 (Name of	k LLC
(Name of	f Limited Liability Company)
The enclosed member, managing member filing.	er or manager resignation and fee(s) are submitted for
Please return all correspondence concern	ning this matter to:
Gabriela B. (Contact Person)	or rowes
(Contact Person)	
Homo's K (Firm/Company)	LLC
(Firm/Company)	
1771 NE 1758	<u> </u>
(Address)	
Worth Maui Bloc (City/State and Zip Code)	h-F1-33162
For further information concerning this	matter, please call:
Goloriela Burroues	at (305) 7751741  (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made paya	ble to the Flor <u>ida</u> Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
[X] 4-2 7 8 7 2 5	Certified Copy
	•
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327
Tallahassee, Florida 32301	Tallahassee, Florida 32314

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 limited liability company as it appears on the records of the Florida Department of State is:
2. This limited liability company was organized under the laws of:  Shake of Flouida
3. The Florida document/registration number of this limited liability company is:  L08000 47298.
4. I, Daviele Elizabeth Jacinto, hereby resign as a Manager (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 or Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)