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M. THOMAS

JAN 14 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Overn Tropic LL (Name of Lin	nited Liability Company)
The enclosed member, managing member of filing.	r manager resignation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:
Diana Munoz (Contact Person)	
(Contact Person)  (Oreen Tropic LLC  (Firm/Company)	•
(Firm/Company) 5725 SW 25 Street	
Hollywood, FC 3302	23
(City/State and Zip Code)  For further information concerning this matter.	er, please call:
Diana Munoz (Name of Contact Person)	at (954) 548-1307 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	to the Florida Department of State for:  \$55 Filing Fee &  Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahagga, Florida 22201	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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 of State is:	limited liability company as i	t appears on the records of the Florida Department 会
2. This limited liab	oility company was organized of Laws	字形 70年
	ument/registration number of t	his limited liability company is:
4. I, Eddy J	- Meng Jame of Person Resigning)	, hereby resign as a Tittle MGR (Print Title)
of this limited lia resignation in wr		limited liability company has been notified of my
	~ ·	
Signature/of Res	igning Member, Managing Me	ember or Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	