L08000048477

| (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: |
| A. LUNT |
| JUL 10 2008 |

Office Use Only

EXAMINER



700132441687

07/09/08--01023--014 **55.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

| TO: Registration Section Division of Corporations | | | | | | |
|--|---|--|--|--|--|--|
| SUBJECT: 6-lobex Holdings Fort L, Clc (Name of Limited Liability Company) | | | | | | |
| The enclosed member, managing member or manager resfiling. | signation and fee(s) are submitted for | | | | | |
| Please return all correspondence concerning this matter to | o: | | | | | |
| TAN WONG | 7000 SEI TALI | | | | | |
| (Contact Person) | | | | | | |
| | ASS | | | | | |
| (Firm/Company) | T P P P P P P P P P P P P P P P P P P P | | | | | |
| 15330 Sunset De#24 | 1008 JUL -9 A II: 35 SECRETARY OF STATE ALLAHASSEE, FLORIDA | | | | | |
| 15330 Sunset Dett 24 (Address) Misni Florida 3319 (City/State and Zip Code) | <u> </u> | | | | | |
| | | | | | | |
| For further information concerning this matter, please cal | l: | | | | | |
| TAN WONF at (786 (Name of Contact Person) (Area Contact Person) | 3/7 - 3383 de & Daytime Telephone Number) | | | | | |
| Enclosed please find a check made payable to the Florida \$25 Filing Fee | Department of State for: \$55 Filing Fee & 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 32314 | | | | | |
| 2001 DACCULIVE COLLECTION | i alialiassee, Florida 32314 | | | | | |

CR2E079 (5/06)

Tallahassee, Florida 32301



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 li | mited liability company as it | appears on the rec $I_{NT}U$, | cords of the F | Tarida Degarti | ment |
|---|--|--------------------------------|----------------|--|--------|
| 2. This limited liabili | ity company was organized u | nder the laws of: | | IL -9 A II: 35 TARY OF STATE IASSEE, FLORIDA | |
| | nent/registration number of tl 0004よんプラ | • | company is | : | |
| | | | | • | |
| 4. I, FAN (Print Name | VONF ne of Person Resigning) | , hereby resign | as a Man | Print Title) | 1cuber |
| of this limited liabi resignation in writi | lity company and affirm the l | limited liability co | mpany has b | een notified of | f my |
| | h | | | | |
| Signature of Resign | ning Member, Managing Me | mber or Manager | | | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | | | |