L0800050844

(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:



300187360893

11/04/10--01024--006 **25.00

FILED

10 NOV -4 PM 12: 24

SECHEJARY OF STATE

TALLAHASSEF OF STATE

G. MCLEOD

NOV - 5 2010

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: Van De Les (Name of Limite	Irdustrice SA, LLC d Liability Company)
The enclosed member, managing member or m filing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
Miller Dowdy (Contact Person)	
(Firm/Company)	
994 White Pone (Address)	Road
Damascus GA (City/State and Zip Code)	. <u>39841</u>
For further information concerning this matter	, please call:
(Name of Contact Person)	at (813) 610 - 4887 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tollehanger Florida 22314
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	compan	y as it a	appears on the r	ecords of the	e Florida D	epartn	nent
of State is:	VAN	DE 1	_ES	INDUST	RIES	SA, LI	<u>.</u> C	<u>_</u> ,
2. This limited liabi	ility company v	vas organ	ized un	der the laws of	:			
F	-10 map			·				
3. The Florida docu	ıment/registrati	on numbe	er of thi	is limited liabili	ity company	is:		
	000050							
4. I,	ame of Person Re	Dowdy)	_, hereby resig	n as a <u> </u>	Print Trile	2 ~	_
of this limited liab	oility company							my
_	-0							
Signature of Resi	Miller gning Member			ber or Manage	 r			
Filing Fee:	\$25 NO (Red	mired)				TALI	70	
Certified Copy:						CRETA LAHAS	1- AON 01	
						RY OF		IT!
						STAT	PM 12: 2	O

CR2E079 (5/06)