L08000052226

(Requestor's Name)					
(Address)					
(Address)					
	·				
(C	ity/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL			
. (5)	usiness Entity Name)				
(D)	usiness Entity Name)				
(Document Number)					
Certified Copies	Certificates of	Status			
Special Instructions to Filing Officer:					
<u> </u>					





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03/26/09--01026--025 **55.00

SECRETARY OF STATE OF STATE OF CORPORATIONS

09 APR -2 PM 3: 01

T. HAMPTON

APR - 3 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: TREES INSTEAD, LLC		
	(Name of Limited	l Liability Co	mpany)
The enfiling.	nclosed member, managing member or ma	anager resig	gnation and fee(s) are submitted for
Please	e return all correspondence concerning thi	s matter to:	
DAN	NEL DIAZ		
	(Contact Person)		
DAN	IIEL DIAZ		
	(Firm/Company)		_
182	PONCE DE LEON BLVD #	306	_
	(Address)		•
COF	RAL GABLES, FL 33134		_
	(City/State and Zip Code)	-	
For fu	orther information concerning this matter,	please call:	
JAC	K R. GEHR	, 786	663-9201
	(Name of Contact Person)	(Area Code	e & Daytime Telephone Number)
Enclo	sed please find a check made payable to the sed please find a chec		Department of State for: \$55 Filing Fee & Certified Copy
	EET/COURIER ADDRESS: tration Section		MAILING ADDRESS: Registration Section
_	on of Corporations		Division of Corporations
Clifto	n Building		P.O. Box 6327
	Executive Center Circle assee, Florida 32301		Tallahassee, Florida 32314

CR2E079 (5/06)



RECEIVED

09 APR -2 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

March 27, 2009

DANIEL DIAZ 1825 PONCE DE LEON BLVD # 306 CORAL GABLES, FL 33134

SUBJECT: TREES INSTEAD LLC Ref. Number: L08000052226

We have received your document for TREES INSTEAD LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the name of the person resigning in section 4, not the name of the business.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Letter Number: 809A00010421



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as es Instead, LLC	it appears on the records	s of the Florida Department
2. This limited liab	vility company was organized	l under the laws of:	
3. The Florida doc L08000052	ument/registration number of	f this limited liability cor	npany is:
_{4. I,} Daniel Diaz		, hereby resign as a	Manager-
(Print Name of Person Resigning)			(Print Title)
of this limited lia resignation in wr	bility company and affirm th	e limited liability compa 04/p1/09	ny has been notified of my
Signature of Res	igring Member, Managing N		
Filing Fee:	\$25.00 (Required)		60 IAIĞ
Certified Copy:	\$30.00 (Optional)		09 APR