## #108000053212

(Requestor's Name)		
(Address)		
	-	
(Ad	dress)	
(City/State/Zip/Phone #)		
· PICK-UP	☐ WAIT	MAIL
, (Bu	siness Entity Nan	ne)
	·	,
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

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EXAMINER
MAR 16 2011

## **COVER LETTER**

Registration Section Division of Corporations

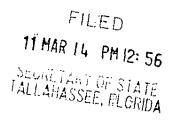
TO:

CR2E079 (5/06)

SUBJECT: Lesan Group, LLC	
(Name of Limited Lie	ability Company)
The enclosed member, managing member or mana filing.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this n	natter to:
Leopoldo Reyes	
(Contact Person)	
Lesan Group, LLC	
(Firm/Company)	
2706 Lucas Lakes Ln	
(Address)	
Kissimmee, FL 34744	
(City/State and Zip Code)	
For further information concerning this matter, ple	ease call:
	407 ) 285-4940
(Name of Contact Person) (A	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida 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	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	







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

1. The name of the limited liability company as it a	appears on the records of the Florida Department
of State is: Lesan Group, LLC	
This limited liability company was organized un State of Florida	nder the laws of:
3. The Florida document/registration number of the	is limited liability company is:
L08000053212	<u>_</u> .
4. I, Olga E. Ochoa	_, hereby resign as a MGRM
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm the li resignation in writing.  Signature of Resigning Member, Managing Mem	
Filing Fee: \$25.00 (Required) Certified Conv. \$30.00 (Ontional)	