LD8000054657

(Requestor's Name)				
(Address)				
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(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Solution of States				
Special Instructions to Filing Officer:				
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Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE

C. LEWIS

MAR 3 1 Z010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Empresas Boutolev LLC	
(Name of Limited	Liability Company)
The enclosed member, managing member or ma	anager resignation and fee(s) are submitted fo
Please return all correspondence concerning this	s matter to:
Arturo Alvarez	
(Contact Person)	
(Firm/Company)	
407 Lincoln Rd	
(Address)	
Miami beach Florida 33139	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Arturo Alvarez at	(Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	he Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassas, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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2010 MAR 29 PM 1 15

SECRETARY OF STATE TALLAHASSEE. FLORIDA

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

	limited liability company as i presas Boutolev LLC	it appears on the records of	of the Florida Department
2. This limited liab State of Flo	ility company was organized orida	under the laws of:	
3. The Florida docu L08000054	ment/registration number of	this limited liability comp	pany is:
4. I, Carlos Tell	ez	, hereby resign as a _	Manager
	ame of Person Resigning)		(Print Title)
of this limited liab resignation in wri	ility company and affirm the ling.	limited liability compan	y has been notified of my
Signature of Resi	gning Member, Managing M	ember or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		