L080000050116

(Requestor's Name)				
(Address)				
(Addres	ss)			
(City/St	ate/Zip/Phone #)			
PICK-UP	WAIT MAIL			
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(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				





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11 MAY -2 PM 2:53

B. BOSTICK

MAY - 5 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: NOVALEM LLC	nited Liability Company)	
(Name of Lin	med Diabling Company)	
The enclosed member, managing member or filing.	r manager resignation and fee(s) are submitted for	
Please return all correspondence concerning	this matter to:	
MARCEL LAIK		
(Contact Person)		
NOVALEM LLC		
(Firm/Company)		
20201 COUNTRY CLUB DRIVE	4.00	E BORDE S
(Address)	<u> </u>	entrope entrope
AVENTURA FLORIDA 33180	-2 PH 2: 57 SSEE, FLORID	Approximate the second
(City/State and Zip Code)	RID.	
For further information concerning this matt	ter, please call:	
MARCEL LAIK	_ _{at (} 786 ₎ 879 59 79	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable t \$\sum_{\sum}\$	to 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 Tallahassee 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

	limited liability company as	it appears on the records	of the Florida Department
2. This limited liab	ility company was organized	l under the laws of:	
3. The Florida doc L0800005	ument/registration number of	f this limited liability con	npany is:
4. I, MARCEL	LAIK	, hereby resign as a	MANAGER MENBER
•	bility company and affirm th		
Signature of Res	gning Member, Managing M	1ember or Manager	Acceptance of the second secon
	\$25.00 (Required) \$30.00 (Optional)		THAY -2 P