L08000055872

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(etty-state/zipi field #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
····						
Special Instructions to Filing Officer:						
·						

Office Use Only



900138520269

12/08/08--01011--013 **25.00



S. HAWKES

DEC 1 0 2008

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations			
CUDI	ECT: GBA Hol	diugs		
SUBJ	(Name of Limited	Liability Company)		
The er	nclosed member, managing member or ma	anager resignation and fee(s) are submitted for		
Please	return all correspondence concerning thi	s matter to:		
	Report Milan (Contact Person)			
	(Contact Person)			
	(Firm/Company)			
	55 Eurevald Woods Pro(Address)	<u>/</u>		
	(Address)			
	Naples 7 34108			
	(City/State and Zip Code)			
For fu	orther information concerning this matter,	please call:		
	Respect Milan a	t (235) 287-3546 (Area Code & Daytime Telephone Number)		
Enclo	sed please find a check made payable to t \$\sum_{\$\sum_{\text{\$\exitit{\$\text{\$\text{\$\texit{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$			
	EET/COURIER ADDRESS:	MAILING ADDRESS:		
_	tration Section for the community of Corporations	Registration Section Division of Corporations		
Clifto	n Building	P.O. Box 6327		
	Executive Center Circle passee, 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

	limited liability company as i	- -			ment
2. This limited liab	ility company was organized	under the laws of:			
<u> </u>		·	# S	80	
3. The Florida docu	ument/registration number of	this limited liability compar	ny is:	DEC -	
L080	00055872	•		∞	a. Antonio
	_			3	
4. I, GuIUT, T	owes	, hereby resign as a	MCDEN	Ö	- The state of the
(Print N	ame of Person Resigning)		(Print Titl	(e)\(\infty\)	
of this limited lial resignation in wr	bility company and affirm the iting.	e limited liability company h	as been noti	ified o	f my
	Gu				
Signature of Resi	gning Member, Managing M	ember or Manager			
	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				