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(Requestor's Name) (Address) (Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
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SECRETARY OF STATE

TALL ALLASSEE

T. HAMPTON

AUG 2 5 2008

EXAMINER

COVER LETTER

TO:	: Registration Section Division of Corporations							
SUBJ	TECT:	USA Co	NVENI	ENT S	STORE L	لد		
		U	vame of Lim	ned Liability Co	ompany)			
The enfiling.		nber, managing	member or	manager resi	ignation and fe	ee(s) are submitted for		
Please	e return all c	correspondence o	oncerning	this matter to	:			
	SHym	Ko TWA	L, CPA	 -				
	,	(Contact Person	1)					
		(Firm/Compan Shyam K 13574 Village Orland	Park Dr.	Ste. 255	_			
			888-4720		_			
		(City/State and Zip	Code)		_			
For fu	rther inform	nation concerning	g this matte	er, please call	•			
	SHYAM	Kotwa	<u> </u>	at (407		4720 elephone Number)		
	(Name o	of Contact Person)		(Area Cod	e & Daytime To	elephone Number)		
Enclos		ind a check mad \$25 Filing Fee	e payable to		Department of \$55 Filing Fe Certified (e &		
STREET/COURIER ADDRESS:					MAILING			
Registration Section					Registration Section			
Division of Corporations Clifton Building					Division of Corporations P.O. Box 6327			
2661 Executive Center Circle					Tallahassee, Florida 32314			
	assee Flori							

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the reco of State is: USA CONVENIENT STOLE, LLC	<u>-</u>
2. This limited liability company was organized under the laws of: STATE OF FLORIDA.	
3. The Florida document/registration number of this limited liability of the florida document/registration number of this limited liability of the florida document/registration number of this limited liability of the florida document/registration number of this limited liability of the florida document/registration number of this limited liability of the florida document/registration number of this limited liability of the florida document/registration number of this limited liability of the florida document/registration number of this limited liability of the florida document/registration number of this limited liability of the florida document/registration number of this limited liability of the florida document/registration number of this limited liability of the florida document/registration number of this limited liability of the florida document/registration number of the florida doc	company is:
4. I, FARODA MOHAMMAD A., hereby resign as (Print Name of Person Resigning) of this limited liability company and affirm the limited liability company resignation in writing.	
Signature of Resigning Member, Managing Member or Manager	108
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	98 AUG Secreta Tallahas

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