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(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	ne)		
(Do	cument Number)			
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Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			



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SECRETARY OF STATE ON OF CORPORATION

Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: InfuPhaema	a Character Company)
The enclosed member, managing men filing.	mber or manager resignation and fee(s) are submitted for
Please return all correspondence cond	eerning this matter to:
Michel Rizo (Contact Person)	
InfuPhaema LLC (Firm/Company)	
2013 Harding Stree	\
Hollywood, FL 330 (City/State and Zip Coo	20
For further information concerning the	is matter, please call:
Michel Rizo (Name of Contact Person)	at (954) 923-3839 x5 (Area Code & Daytime Telephone Number)
Enclosed please find a check made partial \$25 Filing Fee	syable 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
Tallahassee, Florida 32301	i ananasse, i toriaa 32317

CR2E079 (5/06)



FILED SECRETARY OF STATE DIVISION OF CORPORATION

10 SEP 28 PM 12: 35

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		f the Florida Department
	ility company was organized		•
3. The Florida docu	iment/registration number of 62738	this limited liability comp	any is:
4. I, Esmilde	Finale ame of Person Resigning)	, hereby resign as a 🖊	AGRM (Print Title)
,	oility company and affirm the	limited liability company	,
Signature of Resi	gning Member, Managing Mo	ember or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		