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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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, ,					
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SECRETARY OF STATE
ANA SSEE FLORIC

M. THOMAS

NOV 2 4 2009

EXAMINER

COVER LETTER

•	TO: Registration Section Division of Corporations				
	SUBJECT: HAUANA STACIZCAS, LZC (Name of Limited Liability Company)				
The enclosed member, managing member or manager resignation and fee(s) are submitted filing.					
Please return all correspondence concerning this matter to:					
	Dennis Morris (Contact Person)				
	Tes is				
	HAUANA STACKERS LL (Firm/Company) 4807 W PAUL ALE (Address)				
	TANDA FL 33616 C(City/State and Zip Code)				
	For further information concerning this matter, please call:				
Venus Mozais (Name of Contact Person) at (813) 442-4373 (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee Certified Copy					

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, 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**

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

	HAUANA SIALIZIAS, L		da Department			
	pility company was organized under the laws of:	SECRETA! TALLAHAS!	F L			
L08	ument/registration number of this limited liability of the limited liability of the limited liability of the limited liability of liability of limited liability of liab	FSTA	3 THE THE MEM LE			
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. Signature of Resigning Member, Managing Member or Manager						
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					