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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

AUG 18 2009

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: STINGRAY RENTALS,	
(Name of Limite	d Liability Company)
The enclosed member, managing member or m filing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
CONSTANZE HESSLER	
(Contact Person)	· · · · · ·
	SECHTALLI
(Firm/Company)	
448 S. OAK KNOLL AVE, UNIT 3	SECRETARY OF STATE ALLAHASSEE, FLORIC
(Address)	FS
PASADENA, CA 91101	TATE ORIDA
(City/State and Zip Code)	<del></del> , ·
For further information concerning this matter,	, please call:
CONSTANZE HESSLER	at (626) 652-5965
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	the Florida Department of State for: \$55 Filing Fee &
\$25 I ming I cc	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

Tallahassee, Florida 32301

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 l	imited liability company as it NGRAY RENTALS, LI	appears on the records	s of the Flor	Herep Constitution	Ement_
	lity company was organized u			ETARY OF STATE HASSEE, FLORIDA	UG 17 AM 10: 57
3. The Florida docu <u>L08000074</u>	ment/registration number of the 468	his limited liability con	mpany is:		
	HATZESBERGER  ame of Person Resigning)	, hereby resign as a	MGRM (Prin	nt Title)	
of this limited liab resignation in wri	ting.	limited liability compa	ny has been	notified	d of my
Signature of Resig	gning Member, Managing Me	mber or Manager			
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)				