## #L 08000086407

(Re	questor's Name)	
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(City	y/State/Zip/Phone	a #1)
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Special Instructions to	Filing Officer:	
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Office Use Only



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A Contractor of the

03/20/12--01020--003 \*\*75.00

K. SALY EXAMINER MAR 22 2012

## **COVER LETTER**

TO: Registration Section	
Division of Corporations	
SUBJECT: Mumum Ul	Liability Company)
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
Macla Impgor (Conjact Person)	)
Manhanolle	·
(F/rm/Company)	
31 Payer Ale Suite	101
MW Smyr na Beach Fr (City/State and Zip Code)	32169
For further information concerning this matter,	please call:
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	he Florida Department of State for:  \$55 Filing Fee &  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

CR2E079 (5/06)

Tallahassee, Florida 32301



FILED

12 MAR 20 AM 10: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

		mited liability co		opears on the rec	cords of the Florida	Department 
	ed liabili (o v	ty company was	organized und	ler the laws of:		
		nent/registration (	number of this	limited liability	company is:	
	(Print Nan	MAMCUS O ne of Person Resigni			as a <u>Manag (U.S.</u> (Print Tit	/
of this limi resignation			affirm the lin	nited liability con	mpany has been not	ified of my
Signature	of Resign	ning Member, Ma	anaging Memb	per or Manager		
		\$25.00 (Require \$30.00 (Options				