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FILE D 2009 DEC -4 AH 10: 48 SECRETARY OF STATE

M. THOMAS

DEC - 7 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Dyne fach ABraham Congary L.L.C (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Aw thory Vergopia. (Contact Person)
(Firm/Company) 353 Fowst Pank Cincle (Address)
Longwood, FL 32779 (City/State and Zip Code) Company of the matter places cally
For further information concerning this matter, please call:
AN Thony Vugopia at (321) 277-4379 (Name of Contact Person) (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: MAILING ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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

1. The name of the of State is:	limited liability company as it HE Dywefech.	appears on the record	rds of the Florida Conpany	Departi L.C.	ment	
	lity company was organized u	nder the laws of:				
	ment/registration number of th	nis limited liability c	company is:			
4. I, ANH	DONY VERGO, A ame of Person Resigning)	, hereby resign as	sa MANAGE (Print Ti	en-		
resignation in wri	V22-		pany has been no	tified of	~ 1	
/	gning Member, Managing Me	nber or Manager		SECRETAR LLAHASS)989 DEC -4	177
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			Y OF STATE SEE, FLORIDA	4 AM 10: 48	1