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SECRETARY OF STATE DIVISION OF CORFORATIONS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Sabina Ballroom and Band (Name of Limited L	
The enclosed member, managing member or man filing.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this i	matter to:
Mr. Miguel Sabina	
(Contact Person)	
(Firm/Company)	
2717 Sw 142 Avenue	
Miahi, FL 33175 (City/State and Zip Code)	
For further information concerning this matter, pl	ease call:
Mr. Migvel Sabina at (Name of Contact Person) at (78(p) 439-9805 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	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

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company a pina Ballroom and B		s of the Florid	a Departmen	t
2. This limited liab Florida	ility company was organize	d under the laws of:			
3. The Florida docs	ument/registration number o	of this limited liability co	mpany is:		
4. 1, Mitchel Sa	ibina Jame of Person Resigning)	, hereby resign as a	Manager (Print T	/MEMBER	(MGRM)
of this limited lia resignation in wr	bility company and affirm t	he limited liability compa	any has been n	otified of my	, <u>D</u>
	gning Member, Managing	Member or Manager		08 NOV 25	SECRETA
	\$25.00 (Required) \$30.00 (Optional)			25 AMII: 50	FILED ARY OF STATE FILED

TO: Sabina Bailroom and Banquet Hall, LLC.

Please accept this letter as my resignation to take effect immediately, as Manager/Member of Sabina Ballroom and Banquet Hall, LLC.

Sincerely,

Mr. Mitchel Sabina

Date: November 26, 2008