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G. MCLEOD

SEP 28 2010

EXAMINER



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SECKETARY OF STATE
FALLAHASSEE, FLORIDA

COVER LETTER

Division of Corporations	
SUBJECT: BLACK STAY INV. (Name of Limited Lia	ability Company)
The enclosed member, managing member or mana filing.	ger resignation and fee(s) are submitted for
Please return all correspondence concerning this m	natter to:
Paul Li Causi (Contact Person)	
(Firm/Company)	
5475 NW ST. JAMES (Address)	Drive
Port ST Lucic Fc 34983 (City/State and Zip Code)	
For further information concerning this matter, ple	ase call:
PAUL L' CAUS at (A	rea 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	MAILING ADDRESS: Registration Section

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

CR2E079 (5/06)

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301



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	limitéd liability company as	it annears on the records o	of the Florida Dena	artmeni	t
7	_			ii tiiiiCiii	•
of State is:	Black STAL I	<u>uvestments</u>	LLC	<u> </u>	
•					
2. This limited liab	ility company was organized	under the laws of:			
Fla	rida				
		 ·			
3. The Florida docu	ment/registration number of	this limited liability comp	pany is:		
,	3000090640				
LO	0000040640				
^					
4. I, PAUL	Li CAUSI	, hereby resign as a _	MANAGER		
(Print N	ame of Person Resigning)		(Print Title)		
of this limited lial	bility company and affirm the	limited liability compan	y has been notified	of my	,
resignation in wri				·	
				•	
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Signature of Resi	gring Member, Managing M	ember or Manager			
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Filing Fee:	\$25.00 (Required)		AC AC	0	f è
Certified Copy:	\$30.00 (Optional)		SS	27	-
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