-RUU0928 (Requestor's Name) (Address) 100159262551 (Address) (City/State/Zip/Phone #) 08/10/09--01007--006 **25.00 PICK-UP WAIT MAIL (Business Entity Name) ; (Document Number) 09 AUG 10 PH 3: 24 Certified Copies ____ Certificates of Status ; FILED Special Instructions to Filing Officer: Office Use Only S. HAWKES AUG 1 1 2009 **EXAMINER**

COVER LETTER

TO: **Registration Section Division** of Corporations

SUBJECT: United Associates LLC.

(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:

(Contact Person)

United Associates LLC.

(Firm/Company)

14926 Devonshire Woods PI

(Address)

Tampa FI, 33624

(City/State and Zip Code)

For further information concerning this matter, please call:

Scott Foster

____at (<u>813</u>) 220-1088

(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 Filing Fee

Certified Copy

STREET/COURIER ADDRESS:

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

MAILING ADDRESS: **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

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1. The name of the limited liability company as it appears on the records of the Florida Department of State is: United Associates LLC.

 2. This limited liability company was organized Florida 3. The Florida document/registration number of the florida document document/registration number of the florida document document	- Asset	FILED
283465874 LOS CCOCA		24
_{4.1.} Christian Mueller	, hereby resign as a Treasurer	
(Print Name of Person Resigning)	(Print Title)	
of this limited liability company and affirm the resignation in vriting. Stgnature of Resigning Member, Managing Me		d of my

Filing Fee:\$25.00 (Required)Certified Copy:\$30.00 (Optional)

CR2E079 (5/06)

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