L08000001506

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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COVER LETTER

TO:

CR2E079 (5/06)

Registration Section

Division of Corporations		
SUBJECT: MORGANA-Z, LLC		
(Name of Limited Liability Company)		
The enclosed member, managing member or manager resig filing.		
Please return all correspondence concerning this matter to:	THE JUNIT MILES	
CARL J GRECO	in and a second	
(Contact Person)		
CARL GRECO ACCOUNTING, INC.		
(Firm/Company)	न मह	
3949 EVANS AVE #403		
(Address)	•	
FORT MYERS, FL 33901		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
CARL GRECO at 239	, 275-7766	
	& 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	
, ,	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	



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 limited liability company as it ap of State is: MORGANA-Z, LLC	opears on the records of the Florida Department
2. This limited liability company was organized und FLORIDA	er the laws of:
3. The Florida document/registration number of this L08000101506	limited liability company is:
4. I, ROBERT G TROMBINO	
(Print Name of Person Resigning)	(Prini Title)
of this limited liability company and affirm the lim resignation in writing.	ited liability company has been notified of my
1 Mult J Mul	has
Signature of Resigning Member, Managing Memb	er or wanager

Certified Copy:

\$30.00 (Optional)