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SECRETARY OF STATE

T. HAMPTON

DEC - 2 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 6/06al Milliowaire Oroup (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:
Luis R. Sauhage (Contact Person)
(Firm/Company)
2806 Cypeess Resolve of. (Address) Kissimare FL 34741 (City/State and Zip Code) For further information concerning this matter, please call: Luis R Santiage at (407) 744-3043 (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: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 CR2E079 (5/06) MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	e limited liability company as		
	pility company was organized	l under the laws of:	
	ument/registration number of	this limited liability com	pany is:
4. I,	Name of Person Resigning)	, hereby resign as a _	MGR M (Print Title)
of this limited lia resignation in w	ability company and affirm the riting.	e limited liability company	
Signature of Res	igning Member, Managing M	Iember or Manager	
	\$25.00 (Required) \$30.00 (Optional)		ion Sec
CR2E079 (5/06)			RETARY OF S