LU8000115779

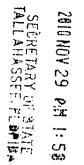
(Requestor's Name)				
(Address)				
(Address)				
	_			
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
	_			
Special Instructions to Filing Officer:				

Office Use Only



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T. CLINE

NOV 30 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Mello 1, UC (Name of Limited	Liability Company)
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
Melissa Carner (Contact Person)	
L08000115119 (Firm/Company)	2010 NO SECRE
	85.55 84.555 85.555
P.D. Box 350261 (Address)	
Grand Island, FL 32735 (City/State and Zip Code)	
For further information concerning this matter,	please call:
Melissa Garner a (Name of Contact Person)	t (<u>352</u>) <u>434-9698</u> (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t \$25 Filing Fee	he Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327
Tallahassee, Florida 32301	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

	00 11 0 11 0	s it appears on the records of t	the Florida Department
of State is:	Mello2,UC		
2. This limited liab	oility company was organize		V 29 AM 1: 58 ASSEEL FLORIDA
3. The Florida doc	ument/registration number o	of this limited liability compar	ny is:
L080001	_		
4. I, Melissa (Print N	M, Gas All Jame of Person Resigning)	, hereby resign as a	managing member
of this limited lia resignation in wr		ne limited liability company h	nas been notified of my
ALM	Jaluk		
Signature of Res	igning Member, Managing I	Member or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Conv	\$30.00 (Nequired)		