## L08000116836

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(Address)				
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O9 JUN 19 AM 10: 45
SECRETARY OF STATE
SECRETARY OF

J. BRYAN

JUN 25 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: NOHONOU YOUTH Che (Name of Limited L	exlectaing Certific	Otion Ele
The enclosed member, managing member or man filing.	ager resignation and fee(s) are subm	itted for
Please return all correspondence concerning this	matter to:	
TRACY FAISUM (Contact Person)		
National Youth Chearter (Firm/Company)	20ding certification	un inc
6039 Cyptess Garden	15 Blvd, unit #141	ୟିଟ <b>୍ର</b>
Winter Haven, Pl 33884 (City/State and Zip Code)		FILED JUN 19 AM 10: 45 CRETARY OF STATE
For further information concerning this matter, pl	ease call:	IS AND
(Name of Contact Person) at (	803 ) 670-7840 Area Code & Daytime Telephone Numb	O: 45
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 Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	

Tallahassee, Florida 32314

2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (5/06)



## 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 li	mited liability company as	it appears on the records of	of the Florida Depa	artment
of State is: /\	ational you	uth Cheerle	Oding Ct	<u> PM</u> .F1(
	ty company was organized			
1812290	nent/registration number of		oany is:	
4.1, MICHAEL	DI 6836 LUILSON ne of Person Resigning)	, hereby resign as a	ManBu	
	lity company and affirm the			of my
~~~~			SE	09
Signature of Resign	ning Member, Managing M	lember or Manager	CRETAR'	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		Y OF STATE EE. FLORID	AM D: 45