## L090000000

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

J.

Office Use Only



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02/25/09--01013--020 \*\*25.00



S. HAWKES
FEB 2 7 2009
EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: SUBJECT: (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:
MAN NAHLAN (Contact Person)
(Firm/Company)
822NE71ST ST (Address)
Boun Rator FL33487 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (SQL) 2-12-3 461 (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  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

	limited liability company as		of the Florida Department
of State is:	<u>Quickt</u>	rucks LLC	
<del></del>	ility company was organized		
	ument/registration number of $090-00000-030$	•	npany is:
· - ,	CNL BULZ  Jame of Person Resigning)	, hereby resign as a	MGRM (Print Title)
of this limited lial resignation in wr	bility company and affirm th	ne limited liability compar	ny has been notified of my
Jun	CMDa/		
Signature of Resi	gning Member, Managing N	Member or Manager	
Filing Fee:	` • ′		
Certified Copy:	\$30.00 (Optional)		