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JUL 22 2010

EXAMINER



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COVER LETTER

Division of Corporations	
SUBJECT: Od Oxygen Bar L (Name of Limited Liability Comp	Dany)
The enclosed member, managing member or manager resign filing.	ation and fee(s) are submitted i
Please return all correspondence concerning this matter to:	* ** * * * * * * * * * * * * * * * * *
Geoff Schuesslev (Contact Person)	
02 Oxygen Bar LLC	•.
1504 Bay Rd #921	
Man, Beach FL 33139 (City/State and Zip Code)	7
For further information concerning this matter, please call:	
Leoff Schuesslev at (S14) (Name of Contact Person) (Area Code &	301-5807 & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Description of the	epartment of State for: 55 Filing Fee & Certified Copy
Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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

1. The name of the of State is:	limited liability company as it appe	ears on the records of the	Florida Department
2. This limited liab	ility company was organized under	the laws of:	
	ment/registration number of this lin 0000238子	nited liability company i	s:
4.1, Sarah (Print N	Sindle decker 1	ereby resign as a <u>Me</u>	MCV (Print Title)
of this limited lial resignation in wri	pility company and affirm the limite ting.	ed liability company has	been notified of my
1 m			* * * * * * * * * * * * * * * * * * * *
Signature of Resi	gning Member, Managing Member	or Manager	7 10
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		JUL 21 MIII: 5

CR2E079 (5/06)