

LO9000002979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

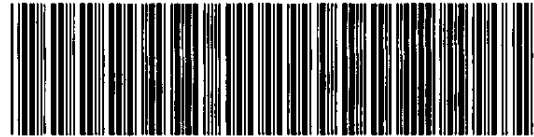
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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D. BRUCE

JUL 22 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IM-EX International LLC
(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:

Rudi Bruckner
(Contact Person)

(Firm/Company)

5250 N' Ocean Dr. Apt. 8S
(Address)

West Palm Beach FL. 33404
(City/State and Zip Code)

For further information concerning this matter, please call:

Rudi Bruckner at (561) 768-3390
(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

☐ \$55 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

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TALLAHASSEE, FLORIDA
CLERK OF THE COURT



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 limited liability company as it appears on the records of the Florida Department of State is: Im-Ex International LLC

2. This limited liability company was organized under the laws of:
Florida

3. The Florida document/registration number of this limited liability company is:
L09000002979

4. I, Lonnie Lewis, hereby resign as a Managing Member
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Lonnie Lewis
Signature of Resigning Member, Managing Member or Manager

DATE 7/14/10

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FLORIDA DEPARTMENT OF STATE

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)