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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Vecorsound, Li (Name of Limited)	L C Liability Company)
The enclosed member, managing member or ma filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Luis Sanchez (Contact Person)	
(Contact Person)	
Vecor Sourd, LLC (Firm/Company)	
927 SW 148th PL (Address)	
MIAMI, FL 33194 (City/State and Zip Code)	
For further information concerning this matter, p	please call:
Luis Sanchez at (Name of Contact Person)	(305) 772 - 1825 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to th \$25 Filing Fee	e Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle 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

	limited liability company	as it appears on the records LLC	of the Florida Department
2. This limited liab	ility company was organiz	zed under the laws of:	
3. The Florida doc	•	of this limited liability com	pany is:
4. I, David (Print N	Barraga~ Jume of Person Resigning)	, hereby resign as a _	Vice president (Frint Title)
resignation in wr	iting.	the limited liability compan	y has been notified of my
	Barragan igning Member, Managing	Member or Manager	
	\$25.00 (Required) \$30.00 (Optional)		