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COVER LETTER

Tallahassee, Florida 32301

CR2E079 (5/06)

	TO: Registration Section Division of Corporations	
	SUBJECT: 4 MMD 2344 LLC (Name of Limited Liability Company)	
	The enclosed member, managing member or manager resignation and fee(s) a filing.	are submitted for
	Please return all correspondence concerning this matter to:	
	ALTONSO MAINEL (Contact Person)	2009 AP SECRE
	ALTONS MACTINEL (Firm/Company)	.009 APR 22 PH 4: 14 SECRETARY OF STATE ALLAHASSEE, FLORID.
	2828 BAL WAY SUITE 300 (Address)	4: 14 TATE ORIDA
"AMI,	(City/State and Zip Code) (City/State and Zip Code)	
	For further information concerning this matter, please call:	
	ALTONS MARTINEL at (716) 247 49 (Name of Contact Person) (Area Code & Daytime Telepho	O O O O O O O O O O O O O O O O O O O
	Enclosed please find a check made payable to the Florida Department of State \$25 Filing Fee \$ Certified Copy	
	STREET/COURIER ADDRESS:MAILING ADDRegistration SectionRegistration SectDivision of CorporationsDivision of CorporationsClifton BuildingP.O. Box 63272661 Executive Center CircleTallahassee, Flor	tion orations



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	imited liability company as it a 仏いり 2)44 ムム	appears on the records of the Fl	orida Department	t
2. This limited liabil	ity company was organized ur	nder the laws of:	2009 APR 22 SECRETARY TALLAHASSI	
3. The Florida docur	<u> </u>	is limited liability company is:		7)
4. I, FEDEWG	O OLIVIE (C me of Person Resigning)	_, hereby resign as a MANA	GNG NETY	ЕĄ
of this limited liabi		mited liability company has be	en notified of my	
Signature of Resig	ning Member, Managing Men	nber or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			