L09000011101

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

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B. KOHR

JUN - 4 2012

EXAMINER



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COVER LETTER

CR2E079 (5/06)

TO: Registration Section Division of Corporations	
O JI DI	
Debote 1.	d Liability Company)
	•
The enclosed member, managing member or managing.	
Please return all correspondence concerning th	is matter to:
Sonya Daugherty	
(Contact Person)	
-	-
Cell Phones Plus	
(Firm/Company)	
1150 N. Rock Springs Rd.	
(Address)	<u> </u>
(Address)	•
Apopka, FI 32712	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Sonya Daugherty	_{st (} 407 ₎ 376-4176
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	nited liability company as it a	ppears on the records of the	Florida Department
2. This limited liabilit Florida	y company was organized un	der the laws of: 	-4 PH 4: Bh
3. The Florida docum L0900011	ent/registration number of thi	s limited liability company	is:
4. I, Gloria Ramo	OS e of Person Resigning)	_, hereby resign as a _mar	nager (Print Title)
of this limited liabil resignation in writing	ity company and affirm the li	mited liability company has	been notified of my
Signature of Resign	Lamo Ling Member, Managing Mem	iber or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		