L09000011274

(Requestor's Name)		
(Address)		
(Address)		
((44.555)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
•		
(Business Entity Name)		
(Document Number)		
,		
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Certified Copies Certificates of Status		
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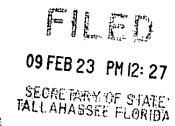
O9 FEB 23 PH I2: 27
SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations			
Division of Corporations			
SUBJECT: INTERNATIONAL PM LLC			
(Name of Limited Liability Company)			
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are submitted for		
Please return all correspondence concerning thi	s matter to:		
ANDRES LUCERO			
(Contact Person)	 		
INTERNATIONAL PM LLC			
(Firm/Company)			
5447 VINELAND RD #1109			
(Address)	- 		
ORLANDO FLORIDA, 32811			
(City/State and Zip Code)	· · · · · · · · · · · · · · · · · · · 		
For further information concerning this matter, please call:			
ANDRES LUCERO at	346-6960		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the			
✓ \$25 Filing Fee	\$55 Filing Fee &		
	Certified Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	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

	imited liability company as it a ERNATIONAL PM LLC	ppears on the records of the Florida Department
2. This limited liabil FLORIDA	ity company was organized und	der the laws of:
3. The Florida docur L090000112	ment/registration number of this	s limited liability company is:
4. I, <u>CQR 105</u> (Print Nat	Sautang(10 me of Person Resigning)	, hereby resign as a MGRM (Print Title)
of this limited liabi		nited liability company has been notified of my
	ming Member, Managing Mem	ber or Manager
		· ·
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	