L09000011453

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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10 MAR -4 PM 1: 42

SECRETARY OF STATE
ORIDO

J. BRYAN

MAR -5 2009

EXAMINER

COVER LETTER

TO: Registration Division of C	Corporations			
SUBJECT:	ASNA T	ROPERTIES	LlC	
		ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corres	spondence concerning this matte	er to the following:		
	JOHN	C. GONEZ		
		Name of Person		
		Firm/Company		
	1706 NW	9/37 AVE Address HOW FL 3 City/State and Zip Code TWETWORK, COM (to be used for future annual report notification)		FILED 10 MAR -4 PH 1: 42 SECRETARY OF STATE FALLAHASSEE, FLORID.
		Address — — — — — — — — — — — — — — — — — —	7 7 7 7	第一
	Planta.	City/Shate and Tim Code		第 · 四
	JOHN @ J	TWETWORK CON	Ч	FLO
			cation)	RIDA RIDA
	n concerning this matter, please	•		_
Sha (GOMEZ	at (95/ 56/ - Area Code & Daytime	9766	
Nam	e of Person	Área Code & Daytime	Telephone Number	
Enclosed is a check fo	or the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



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 of State is:	limited liability company	as it appears o	on the records	of the Florida De	partment 	· •
2. This limited liab	ility company was organi	zed under the l	laws of:			
	ument/registration number 2000 11453	r of this limited	d liability com	pany is:		
of this limited lia	Tame of Person Resigning) by lifty company and affirm				ed of my	
resignation in wr	Muy gning Member, Managing	Member or N				
Filing Fee:	\$25.00 (Required)	g Memoer of N	rianagei	SECRI FALLAI	10 M	******
Certified Copy:	\$30.00 (Optional)			ETARY OF STA HASSEE, FLOR	R-4 PM 1:1	

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