LD9000012384

(Re	questor's Name)			
(Address)				
	dress)			
(Ad	diess)			
(Cit	y/State/Zip/Phon	ie #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Na	me)		
(Do	cument Number)*		
Certified Copies		s of Status <u>enterro</u>		
Special Instructions to Filing Officer:				
		1		
•				

Office Use Only



500162649345

11/19/09--01045--009 **465.00

COVER LETTER

	gistration Section vision of Corporations				
SUBJEC					
	(Name of Limited Liability Co	mpany)			
The enclo	sed member, managing member or manager resig	gnation and fee(s) are submitted for			
Please ret	urn all correspondence concerning this matter to:				
TODD	S. PAYNE, ESQ.				
	(Contact Person)	-			
ZEBEF	SKY & PAYNE, LLP	_			
	(Firm/Company)				
4000 H	lollywood Blvd., Suite 675-S	_			
	(Address)				
Hollyw	ood, FL 33021				
	(City/State and Zip Code)	_			
For further	er information concerning this matter, please call	:			
Todd S	S. Payne, Esq. at (954	989-6333			
		e & Daytime Telephone Number)			
Enclosed	please find a check made payable to the Florida	Department of State for:			
2	\$25 Filing Fee	\$55 Filing Fee &			
		Certified Copy			
STREET	COURIER ADDRESS:	MAILING ADDRESS:			
	ion Section	Registration Section			
•	of Corporations	Division of Corporations			
Clifton B	•	P.O. Box 6327			
2661 Exe	ecutive Center Circle ee, Florida 32301	Tallahassee, Florida 32314			

CR2E079 (5/06)



CILED 09 NOV 19 AM ID: 38

SECRE LARY OF STATE TALLAHASSEE, FLORIDA

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 DISON AVENUE PA		s of the Florida Department
2. This limited liab	oility company was organized	d under the laws of:	
3. The Florida doc L09000012	ument/registration number o	f this limited liability cor	mpany is:
4. I, David Boo	len	, hereby resign as a	Co-Manager
(Print N	lame of Person Resigning)		(Print Title)
of this limited lia resignation in wr	bility company and affirm th it fig.	e limited liability compa	ny has been notified of my
Signature of Res	gning Member, Managing N	dember or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		