L09000017088

(Req	uestor's Name)	
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(City	/State/Zip/Phon	e #)
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Pregnancy Treasures, LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Nancy Falkenstein/Susan Weiss

(Contact Person)

Pregnancy Treasures, LLC

(Firm/Company)

4505 Park Blvd #6

(Address)

Pinellas Park, Florida 33781

(City/State and Zip Code)

For further information concerning this matter, please call:

Susan Weiss/Nancy Falkenstein

,727 、

709.0546

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

■ \$25 Filing Fee

\$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 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

The name of the limited liability company as it appears on of State is: Pregnancy Treasures, LLC	the records of the Florida Department
2. This limited liability company was organized under the law	ws of:
3. The Florida document/registration number of this limited by L09000017088	liability company is:
4. I, Bernard David Weiss , hereby	resign as a Member
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm the limited liab resignation in writing.	ility company has been notified of my
Signature of Resigning Member, Managing Member or Ma	mager Signature 2 11 AuG 2
Filing Fee: \$25.00 (Required)	
Certified Copy: \$30.00 (Optional)	FF STATE