## 1090000/9485

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





300187077673

10/26/10--01025--020 \*\*55.00

10 OCT 26 AN II: 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

OCT 2 7 2010

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Fun Fun USa LLC (Name of Limited Liability Company)	
The enclosed member, managing member or manager resignation and fee(s) are submitted filing.	or
Please return all correspondence concerning this matter to:	
Armand David (Contact Person)	
TAIL SE	5
(Firm/Company)	DCT 21
5320 SW 34th Ave	5 AM
FORT LAUDENDALE, FL 33312  (City/State and Zip Code)	OCT 26 AN II: 27
For further information concerning this matter, please call:	
Armand David at 305 978-4653 (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 Clifton Building P.O. Box 6327 Tallahassee, Florida 32314 Tallahassee, Florida 32301	

CR2E079 (5/06)



## 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 i		the Florida Department
	ility company was organized u		
	ument/registration number of t		ny is:
	nd Day Id  Jame of Person Resigning)  bility company and affirm the	•	
resignation in wr			in over nomina or my
Signature of Resi	gning Member, Managing Me	mber or Manager	
	\$25.00 (Required) \$30.00 (Optional)		FILED  10 OCT 26 AM -SECRETARY OF S TALLAHASSEE, FL
CR2E079 (5/06)			97 =