

W900002712

Florida Department of State

Division of Corporations

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L. SELLERS

APR - 1 2009

EXAMINER

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : KLEIN AND FORTUNE, P.A.

Account Number : 072720000075

Phone : (305) 891-6100

Fax Number : (305) 891-6104

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

AMERICAN PRIVATE LABEL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED

09 MAR 31 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDASECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAR 31 AM 8:56

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: American Private Label, 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:

Felipe Barrios

(Contact Person)

American Private Label, LLC

(Firm/Company)

1730 South Federal Highway, Suite 382

(Address)

Delray Beach, FL 33483

(City/State and Zip Code)

For further information concerning this matter, please call:

Felipe Barrios

(Name of Contact Person)

at (305) 609-6875

(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

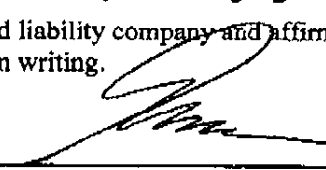
CR2E079 (5/06)

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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 limited liability company as it appears on the records of the Florida Department of State is: American Private Label, LLC
2. This limited liability company was organized under the laws of: Florida
3. The Florida document/registration number of this limited liability company is: L09000027712
4. I, Michael S Bloom PA, hereby resign as a Manager
(Print Name of Person Resigning) (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

CR2E079 (5/06)

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