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(Re	equestor's Name)	
(Ac	ldress)	
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Special Instructions to	Filing Officer:	
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M. THOMAS

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Hids bounce 45un (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:
KODRIGO MALDOWADO (Contact Person)
Kidstonnet fun
H711 N. AUSTRALIAN AVE, Stet 5 (Address)
WPR FL - 33AD7 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person) (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 \$25 Filing Fee Certified Copy
STREET/COURIER ADDRESS: Pagintration Section Pagintration Section
Registration Section Registration Section Division of Corporations Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 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	limited liability company as	it appears on the records of	of the Florida Departme	ent
of State is:	Kidsbource	4 FUN		_ ,
2. This limited liab	ility company was organized	under the laws of:		
	FC.			
3. The Florida doc	ument/registration number of	this limited liability comp	pany is:	
L	090000264	62		
4. I, <u>LAR</u>	2Y HVmP1164 Jame of Person Resigning)	7, hereby resign as a_	m635	-
resignation in wr	bility company and affirm the iting.	minted habinty company	y ilas beeliatophied of il	, T
Day	Hupla		MII: 2 (state florid,	D
Signature of Res	igning Member, Managing M	ember or Manager		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			