## 109000030983

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





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10 JAN 13 AM 2: 59
SECRETARY OF STATE

S. HAWKES

JAN 1 4 2010

EXAMINER

## **COVER LETTER**

	tion Section of Corporations			, .		•
SUBJECT: _	FOUR FRI				LC	
		(Name of Lin	nited Liability (	Company)		
The enclosed m filing.	ember, managing	member o	er manager re	signation	and fee(s)	are submitted fo
Please return al	l correspondence	concerning	g this matter t	o:		
JOANA	E MATHS (Contact Person	EN	· .	<del></del>		
	(Contact Perso	on)				
Four,	FRIENDS (Firm/Compar	/END !	VG, LL	<u>_</u>		
	(Firm/Compar	ty)				
2695	DAN FOR (Address)	27H TE	ERRACE	<u>-</u>		
20.00	(Address)					
WELLIN	(City/State and Zi	334	14	<u> </u>		
	(City/State and Zi	p Code)				
For further info	rmation concernin	ng this mat	ter, please ca	II:		·
JOANNE	MARHIS EN	/	at (Sle/		78 064	b
(Nam	e of Contact Person	1)	(Area Co	de & Day	time Teleph	one Number)
Enclosed please	find a check mad	le navahla	to the Florida	Donarti	: ment of Stat	te for:
Literosed picase	\$25 Filing Fee	ic payable		ISSS Fil	ling Fee &	ic for.
· · · · · · · · · · · · · · · · · · ·	#	•	. <b>L</b>		tified Copy	•
STREET/COU	RIER ADDRES	S:		MAI	LING ADI	DRESS:
Registration Se	·		•		tration Sec	•
Division of Cor		•	•		ion of Corp	orations
Clifton Building					Box 6327	
2661 Executive		_		Talla	hassee, Flor	nda 32314



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## FILED NO JAN 13 AT 2 PARTIES OF PA

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:	FOUR FRIENDS V	ENDING, LLC	·
2. This limited liab	ility company was organized	under the laws of:	,
	ument/registration number of	this limited liability com	pany is:
	0000 30983	<del></del> '	
4. I, XATHAI	V SCHNURUAN	, hereby resign as a _	MANAGER / MEMBER
(Print N	ame of Person Resigning)		(Print Title)
of this limited lia resignation in wr	bility company and affirm the iting.	limited liability compan	y has been notified of my
W. Jahr	urman		•
Signature of Res	igning Member, Managing M	ember or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		