LD900035511

(Requestor's Name)				
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PICK-UP WAIT MAIL				
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(Business Entity Name)				
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Certified Copies Certificates of Status				
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Consideration to Siling Officers				
Special Instructions to Filing Officer:				
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Office Use Only



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1000 Ponce de Leon Blvd. Suite: 105 Coral Gables, FL 33134 Phone: 305-444-4994

Email: filing@ecfsfiling.com

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CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. 211	CONVENIE	NT STORE U	C L0900003551
(CORPO	RATE NAME)		(DOCUMENT #)
2. (CORPO	RATE NAME)		{DOCUMENT #}
3.			(
	RATE NAME)		(DOCUMENT #)
⊡ Walk-(n 🗹 Pick up time:	Certified C	Copy 🗍 Certificate Of Status
New Filings		-Amendments	Other Fillings
Profit		Amendments	Annual Report
Non-Profit	$\overline{\checkmark}$	Resignation	Fictitious Name
Limited Liabili	У	Dissolution/Withdrawal	Apostille:
Other:		Other:	Cother

Examiners Initials



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	t appears on the records of the Flor	rida Department
2. This limited liab FLORIDA	ility company was organized	under the laws of:	
3. The Florida docu <u>L09000035</u>	_	this limited liability company is:	
4. I, RAMON F	OBLES	, hereby resign as a MGR	
	ame of Person Resigning)	(Pr	int Title)
resignation in wr	· · · · · · · · · · · · · · · · · · ·	limited liability company has been been been been been been been bee	n notified of my
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		