# #109000037349

| (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: |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |

Office Use Only



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K. SALY EXAMINER APR 28 2011

#### **COVER LETTER**

| TO:            | Registration Section Division of Corporations           |  |
|----------------|---|--|
| SUBJ           |   |  |
|                | (Name of Limite   | ed Liability Company)                                  |
| The er filing. | nclosed member, managing member or r                    | nanager resignation and fee(s) are submitted for       |
| Please         | return all correspondence concerning the                | nis matter to:   |
| MAF            | RIBEL CABRE   |  |
|                | (Contact Person)  |  |
| IRE I          | ENTERPRISE LLC  |  |
|                | (Firm/Company)  |  |
| 3440           | N GOLDENROD RD # 325                                    |  |
|                | (Address)   |  |
| MIN.           | TER PARK FL 32792                                       |  |
|                | (City/State and Zip Code)                               |  |
| For fu         | rther information concerning this matter                | , please call:   |
| MAR            |   | at (321) 303-9932                                      |
|                | (Name of Contact Person)                                | (Area Code & Daytime Telephone Number)                 |
| Enclos         | sed please find a check made payable to \$25 Filing Fee | the Florida Department of State for: \$55 Filing Fee & |
|                |   | Certified Copy   |
| STDE           | ET/COURIER ADDRESS:                                     | MAILING ADDRESS.                                       |
|                | ration Section  | MAILING ADDRESS: Registration Section                  |
| _              | on of Corporations                                      | Division of Corporations                               |
|                | n Building  | P.O. Box 6327  |
|                | Executive Center Circle                                 | Tallahassee, Florida 32314                             |
| Tallah         | assee, Florida 32301                                    |  |

CR2E079 (5/06)



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SEGNETARY OF STATE TALLAHASSEE, FLORIDA

### 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  | f the Florida Department |
|--|--------------------------------------|------------------------------|--------------------------|
| 2. This limited liab                     | ility company was organized          | under the laws of:           | ·                        |
| 3. The Florida doct<br>L0900003          | ument/registration number of 17349   | this limited liability compa | nny is:                  |
| <sub>4. I,</sub> CARLOS I                | BARBARO DIAZ                         | , hereby resign as a N       | IGR                      |
| (Print N                                 | ame of Person Resigning)             |                              | (Print Title)            |
| of this limited lia<br>resignation in wr | bility company and affirm the tring. | limited liability company    | has been notified of my  |
| Signature of Resi                        | gning Member, Managing Me            | ember or Manager             |                          |
| Filing Fee:                              | \$25.00 (Required)                   |                              |                          |
| _  | \$30.00 (Optional)                   |                              |                          |