# L09000037506

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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	Certificates	s of Status		
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Special Instructions to F	iling Officer:			
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SECRETARY OF STATE

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#### **COVER LETTER**

TO: Registration Section Division of Corporations	
Division of Corporations	
SUBJECT: My Child Safety, LLC	
(Name of Limited	Liability Company)
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning thi	s matter to:
Theresa Bartholomew	
(Contact Person)	
861 Christina Circle	
(Firm/Company)	
(Address)	
Oldsmar, FL. 34677	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Christine Rivera	, 727 <sub>)</sub> 461-9515
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section Division of Corporations
Division of Corporations Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



### FILED

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SECRETARY 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

	the limited liability company as My Child Safety, LLC	it appears on the records	of the Florida Department
2. This limited l	iability company was organized	under the laws of:	
3. The Florida d	ocument/registration number of 037506	this limited liability con	npany is:
<sub>4. I,</sub> RJLJ Er	nterprise LLC	, hereby resign as a	MGR
(Pri	nt Name of Person Resigning)		(Print Title)
of this limited resignation in	liability company and affirm the writing.	e limited liability compar	ny has been notified of my
Signature of R	Resigning Member, Managing M	2 12 1ember or M <del>anag</del> er	
Filing Fee:	\$25.00 (Required)		

Certified Copy:

\$30.00 (Optional)