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(Requestor's Name))				
(Address)					
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PICK-UP WAIT	MAIL				
(Business Entity Na	me)				
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DIVISION OF CORPORATION

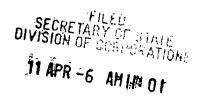
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COVER LETTER

CR2E079 (5/06)

TO:	_	ation Section of Corpo				
SUBJ	ECT: _	ANITA	Louise	CHARLES ne of Limited Liab	LLC	
			(Nam	ne of Limited Liab	ility Company)	
The er filing.	nclosed n	nember, ma	anaging me	mber or manag	er resignation and fee(s)) are submitted for
Please	return a	ll correspo	ndence con	cerning this ma	tter to:	
		ANITA (Cor	CHAPLES ntact Person)			
	,4) <i>N:TA Lor</i> (Fin	<i>1SE CHAR</i> n/Company)	urs LLC		
	17507	WATER (1	CLINE RIS Address)			
	BRADEA	<i>UTON FO</i> (City/St	34212 ate and Zip Cod	<u>2</u> de)		
For fu	rther info	ormation co	oncerning th	nis matter, plea	se call:	
	<i>Awita</i> (Nam	CHARLES ne of Contac	st Person)	at (<u> </u>	41) 773 5813 ea Code & Daytime Telep	hone Number)
Enclos	sed pleas	e find a cho	eck made pang Fee	ayable to the F	orida Department of Sta \$55 Filing Fee & Certified Cop	
Regist Division Clifton 2661 E	ration Se on of Con Buildin Executive	rporations	rcle		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, Flo	ction porations





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		of the Florida Department
	Hity company was organized	under the laws of:	
	ment/registration number of t	-	oany is:
of this limited liab resignation in wri	ame of Person Resigning) pility company and affirm the		(Print Title)
	\$25.00 (Required) \$30.00 (Optional)		

CR2E079 (5/06)