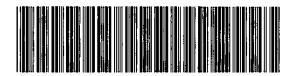
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(Re	questor's Name)				
(Address)					
(Address)					
(Cit	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL . ;			
(Business Entity Name)					
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SECRETARY OF STATE
DIVISION OF CORPORATIONS:

100

T. HAMPTON
DEC 1 4 2009
EXAMINER

COVER LETTER

TO:

CR2E079 (5/06)

TO:	O: Registration Section Division of Corporations				
	The second secon				
SUBJE	ECT: Culture Shock Tattoo, I	LLC			
	(Name of Limit	ited Liability Company)			
The en filing.	closed member, managing member or	manager resignation and fee(s) are submitted for	r		
Please	return all correspondence concerning	this matter to:			
Mirth	na Hinz				
	(Contact Person)				
	(Firm/Company)				
1490	00 SW 104th Street, Suite 63	3			
	(Address)				
Miam	ni, Florida 33196				
	(City/State and Zip Code)				
For fur	rther information concerning this matte	er, please call:			
Mirth	na Hinz	at (786) 718-6516			
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclos	sed please find a check made payable to view \$25 Filing Fee	o the Florida Department of State for: \$55 Filing Fee & Certified Copy			
	ET/COURIER ADDRESS:	MAILING ADDRESS:			
_	ration Section on of Corporations	Registration Section Division of Corporations			
Clifton	n Building	P.O. Box 6327			
	Executive Center Circle assee, Florida 32301	Tallahassee, Florida 32314			



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	he limited liability company as i fulture Shock Tattoos, L	• •	of the Florida Department .
2. This limited li Florida	ability company was organized	under the laws of:	
3. The Florida de L090000	ocument/registration number of 43554	this limited liability con	npany is:
4. I, Mirtha H	inz It Name of Person Resigning)	, hereby resign as a	Managing Member (Print Title)
of this limited resignation in	liability company and affirm the writing.	limited liability compa	ny has been notified of my
Signature of R	Ra T. Hig esigning Member, Managing M	ember or Manager	
Filing Fee:	\$25.00 (Required)		09

OF OF CORPORATIONS

CR2E079 (5/06)

Certified Copy:

\$30.00 (Optional)