L09000043812

(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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10/08/09--01007--019 **55.00

T. HAMPTON

DEC - 1 2009

EXAMINER

COVER LETTER

	ration Section on of Corporations			
SUBJECT:	SEVEN	(Name of Limited I	LLC Liability Con	npany)
The enclosed filing.	member, managin _i	g member or mai	nager resig	nation and fee(s) are submitted for
Please return	all correspondence	concerning this	matter to:	
PAUL	CREGO (Contact Pers	MGR Son)		-
SEVEN	CEEZ LI		···	-
12142	US Hw (Address)	_		-
HUDSO	(City/State and 2	3466 (ip Code)	7	-
	formation concerni			
PAU (Na	REGO /	MGR at ((478 (Area Code	918 - 7274 & Daytime Telephone Number)
Enclosed plea	ise find a check ma			Department of State for: S55 Filing Fee & Certified Copy
Registration S Division of C Clifton Build	orporations	SS:		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

09 NOV 30 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

October 9, 2009

PAUL CREGO 12142 US HWY 19 HUDSON, FL 34667

SUBJECT: SEVEN CEEZ LLC Ref. Number: L09000043812

We have received your document for SEVEN CEEZ LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person resigning and the person signing the resignation documentmust be the same.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 809A00032599



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the	limited liability c	ompany as it appe	ars on the records	of the Florida Department
of State is:	SEVEN	CEEZ	LLC	
2. This limited lial	-	s organized under		<u> </u>
3. The Florida doc		number of this lir	nited liability comp	pany is:
4. I, How (Print)	Vame of Person Resign	O, h	ereby resign as a _	MEMBER (Print Title)
of this limited lia resignation in wi		d affirm the limite	d liability company	has been notified of my
Signature of Res	igning Member, M	lanaging Member	or Manager	•
Filing Fee: Certified Conv	\$25.00 (Requires \$30.00 (Option	•		6

CR2E079 (5/06)

09 NOV 30 AM 8: 55