L09000044665

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(Address)				
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(,				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: YARDEN INVESTMENT (Name of Limited Lia	bility Company)
The enclosed member, managing member or managiling.	ger resignation and fee(s) are submitted for
Please return all correspondence concerning this m	atter to:
RONEN DAGAN (Contact Person)	
YARDEN Investments (Firm/Company)	<u>lll</u>
20815 NE. 16 AVE / B-7	
MIR MI Pl. 33179 (City/State and Zip Code)	
For further information concerning this matter, plea	ase call:
Name of Contact Person) at (Ar	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



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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

	ne limited liability company as it		of the Florida Department
of State is:	YARDEN Invest	ments CC	-
2. This limited lia	ability company was organized t	under the laws of:	
_ FLOR	aai	<u></u> .	
3. The Florida do	cument/registration number of t	his limited liability comp	any is:
L09	000044665		
4. I, YAR (ON SHAPIRA Name of Person Resigning)	, hereby resign as a	MGRM (Print Title)
	ability company and affirm the		, ,
4	ARON SUAPIRA		
	signing Member/Managing Me	ember or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)	•	