

LD9000046138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

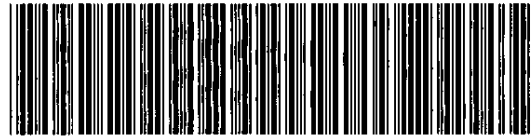
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUN 24 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: L.Y.G., LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

EDWIN L. CRAMMER, CPA

(Contact Person)

EDWIN L. CRAMMER, PA

(Firm/Company)

3801 N UNIVERSITY DRIVE, SUITE 318

(Address)

SUNRISE, FL 33351

(City/State and Zip Code)

For further information concerning this matter, please call:

EDWIN L. CRAMMER CPA at (954) 742-8700

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$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



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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**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: L.Y.G., LLC
2. This limited liability company was organized under the laws of:
THE STATE OF FLORIDA
3. The Florida document/registration number of this limited liability company is:
L09000046138
4. I, STEVEN GREENSTEIN, hereby resign as a MANAGING MEMBER
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning Member, Managing Member or Manager

Filing Fee:
Certified Copy: