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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

APR-27010

EXAMINER

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: <u>Capo eira Culture</u> (Name of Limited	e Convention //c. d Liability Company)
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	is matter to:
Roberto Armien (Contact Person)	<del></del>
(Contact Person)	
(Firm/Company)	<del>,</del>
10341 Rocking A Run (Address)	
Ollando FL 32825 (City/State and Zip Code)	<del></del>
For further information concerning this matter,	please call:
Roberto Armien a (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please, find a check made payable to to \$\frac{\text{X}}{\text{\$\text{\$X\$}}}\$	the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

		s it appears on the records of	the Florida Department
of State is:	Capoeira Culture	CONVENTION //C.	•
2. This limited liab	ility company was organize	d under the laws of:	
Orange Co	unty, Florida	·	
3. The Florida docu	ument/registration number of	of this limited liability compa	any is:
<u>L0900</u>	00 48207	·	
4.1, Robert	o Armien ame of Person Resigning)	, hereby resign as a <u>//</u> /	Manazing Member (Print Title)
of this limited lial resignation in wr		he limited liability company	has been notified of my
Mar	Der		
Signature of Resi	gning Member, Managing l	Member or Manager	
Filing Fee:	\$25.00 (Required)		
_	\$30.00 (Optional)		<b>→</b> . Š

CR2E079 (5/06)

SECRETARY OF ISTATE
DIVISION OF CORPORATIONS