L09000054591

| (Req | uestor's Name) | |
|---|------------------|------------|
| (Add | ress) | |
| (Add | ress) | |
| (City, | /State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Nап | ne) |
| (Doc | ument Number) | |
| Certified Copies | Certificates | rof Status |
| Special Instructions to Filing Officer: | | |
| | | |
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| | | |

Office Use Only



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SECRETARY OF STATE
ALLAHASSEE, FILORIO

J. BRYAN

JUL 14 2009

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: | PARTNERS, LLC lity Company) |
| The enclosed member, managing member or manage filing. | er resignation and fee(s) are submitted for |
| Please return all correspondence concerning this ma | iter to: |
| JOANNA HDATESH CORNI | DC |
| Paceuro Parres, LLC (Firm/Company) | SECRET FALLAHA |
| 928 NW 10th Ct (Address) | 13 PH 2: 37 TARY OF STATE ASSEE, FLORIG |
| Mini FZ 33136 (City/State and Zip Code) | 2: 37 LORIDA |
| For further information concerning this matter, please | se call: |
| (Name of Contact Person) (Are | 205) 490 -8983 ea Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the Fl \$25 Filing Fee | |
| 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)



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: DECERNO PARTHERS, LLC |
| 2. This limited liability company was organized under the laws of: |
| ARY OF R |
| 3. The Florida document/registration number of this limited liability company is: |
| L0900054891 |
| 4. I, Luis Corner hereby resign as a Hereby resign as a (Print Title) |
| of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. |
| hu lange |
| —Signature of Resigning Member, Managing Member or Manager |
| Filing Fee: \$25.00 (Required) |

Certified Copy: \$30.00 (Optional)