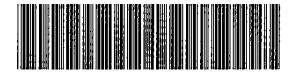
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(Requestor's Name)			
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PICK-UP WAIT MAIL			
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S. HAWKES

APR 7 2010

EXAMINER

CR2E079 (5/06)

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MYRMIDONES, LLC	
	ed Liability Company)
The enclosed member, managing member or rafiling.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning the	nis matter to:
ACHILLEAS GKARAVELIS	
(Contact Person)	the state of the s
MYRMIDONES, LLC	
(Firm/Company)	
2210 COLUMNS CIRCLE	·
(Address)	
SEMINOLE, FL 33772	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
ACHILLEAS GKARAVELIS	, 727 , 488-1348
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	
\$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Fallahassee, Florida 32301	Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



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

	e limited liability company as it YRMIDONES, LLC	appears on the records	s of the Florida Department
2. This limited liab	oility company was organized u	nder the laws of:	
3. The Florida doc L0900005	ument/registration number of th	is limited liability con	npany is:
4. I. KONSTAN	NTINOS GKARAVELIS	, hereby resign as a	MGR
(Print)	lame of Person Resigning)		(Print Title)
of this limited lia resignation in wr	bility company and affirm the liting.	mited liability compar	ny has been notified of my
Signature of Res	igning Member, Managing Men	nber or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		