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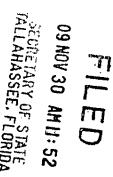
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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D. BRUCE

DEC 1 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: ACE DELIVERY AND PROCESS (Name of Limited Liability Com				
The enclosed member, managing member or manager resignifiling.	nation and fee(s) are submitted for	or		
Please return all correspondence concerning this matter to:				
WALTER TAPANES	_			
(Contact Person)				
ACE DELIVERY AND PROCESS SERVICE (Firm/Company)	= ;			
	\$ECR ALLA	N 60		
895 W 39 PL	HÃ AH	9		
(Address)	SSEE	30		
HIALEAH, FL. 33012	OF S	09 NOV 30 AH 11: 52		
(City/State and Zip Code)	SPA SPA	cn		
For further information concerning this matter, please call:	Ū _F i	N		
WALTER TAPANES at (786	285-3660			
(Name of Contact Person) (Area Code	& Daytime Telephone Number)			
Enclosed please find a check made payable to the Florida D \$\subseteq \frac{1}{25}\$ Filing Fee \$\subseteq \frac{1}{5}\$\$	epartment of State for: 55 Filing Fee & Certified Copy			
	сенной сору			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
	Registration Section			
	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

	mited liability company as in DELIVERY AND PR		
2. This limited liabili FLORIDA	ty company was organized t	under the laws of:	
3. The Florida docum L09000575	nent/registration number of t	his limited liability com	pany is:
4. I, MIGDALIA	PEREZ ne of Person Resigning)	, hereby resign as a	MGRM (Print Title)
of this limited liabil resignation in writing	ity company and affirm the		,
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		OS MOV

CR2E079 (5/06)