

LD9000059356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

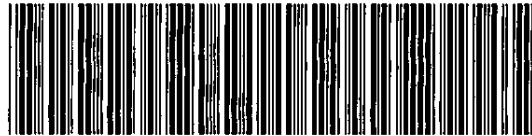
Special Instructions to Filing Officer:

L. SELLERS

APR 12 2010

EXAMINER

Office Use Only



400175096014

04/09/10--01010--018 **25.00

FILED

10 APR -9 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UFUM MANAGEMENT, 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:

LLOYD M. BASSO
(Contact Person)

UFUM MANAGEMENT, LLC
(Firm/Company)

4500 N. STATE ROAD 7, SUITE 306
(Address)

LAUDERDALE LAKES, FL 33319
(City/State and Zip Code)

For further information concerning this matter, please call:

DANIEL T. GROSS at (954) 452-3525
(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 APR -9 PM 2:10

FILED



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: UFUM MANAGEMENT, LLC.

2. This limited liability company was organized under the laws of:
FLORIDA.

3. The Florida document/registration number of this limited liability company is:
L09000059356.

4. I, DANIEL T. GROSS, hereby resign as a 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: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
10 APR -9 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA