10900065010

(Requestor's Name)				
(Address)				
(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:				

Office Use Only



200176768812

U4/21/10--01025--001 **25.00

T. CLINE APR 2 2 2010 EXAMINER

COVER LETTER

TO: Registration S Division of Co					
SUBJECT:		Sevvices		_	
The enclosed member filing.	, managing me	ember or manager	resignation and	l fee(s) are subn	nitted for
Please return all corre	spondence con	cerning this matte	r to:		
Andrew	Kussoy				
	(Contact Person)				
	(Firm/Company)			, 1	2010 API SECRE
13114 G	(Address)				2010 APR 21 AM H: 09 SECRETARY OF STATE SECRETARY OF STATE
West Palr	n Bacac ity/State and Zip Co		409		Dri 9
For further information	on concerning t	his matter, please	call:		
(Name of Co	ontact Person)	at (at (<u>ol)</u> 38 Code & Daytime	5 . 660 Telephone Num	nber)
Enclosed please find \$25	Title To	payable to the Flor	ida Department \$55 Filing Certifie	Fee &	
STREET/COURIER Registration Section Division of Corporati Clifton Building 2661 Executive Center	ons		Registrati Division of P.O. Box	ion Section of Corporations 6327 see, Florida 323	s

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	ted liability company as it ap AN Services,	` -	he Florida Department
2. This limited liability Florida	company was organized und	der the laws of: 	2010 TAL
3. The Florida document	nt/registration number of this ゆちのり	s limited liability compan	21 SSE 21
,	of Person Resigning)		· 044
of this limited liability resignation in writing	y company and affirm the ling.	nited liability company h	as been notified of my
andre	D Kussory		
Signature of Resignir	ng Member, Managing Meml	ber or Manager	
Filing Fee: S Certified Copy: S	` - /		