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(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
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SEORETARY OF STATE

BILLIN 24 THE SE

C. LEWIS

MAY 2 5 2011

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	JECT: SAL INTERNATIONAL,		
	(Name of Limite	a Liability Co	ompany)
The enfiling.	nclosed member, managing member or m	ianager resi	gnation and fee(s) are submitted for
Please	e return all correspondence concerning th	is matter to	:
LAU	JRA LINDGREN		
	(Contact Person)		
SAL	INTERNATIONAL, LLC.		_
	(Firm/Company)		
5603	3 SW 10 TH AVENUE		
	(Address)		_
CAP	PE CORAL, FLORIDA 33914		_
	(City/State and Zip Code)		
For fu	orther information concerning this matter,	please call	:
LAU	RA LINDGREN a	239	, 699-6091
	(Name of Contact Person)	(Area Code	e & Daytime Telephone Number)
Enclos	sed please find a check made payable to		Department of State for:
	\$25 Filing Fee	\checkmark	\$55 Filing Fee &
			Certified Copy
	EET/COURIER ADDRESS:		MAILING ADDRESS:
_	tration Section		Registration Section
	on of Corporations		Division of Corporations
	n Building		P.O. Box 6327
	Executive Center Circle nassee, Florida 32301		Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FILED

2011 HAY 24 PM 12: 65

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

		s it appears on the records of	the Florida Department
of State is: SA	L INTERNATIONAL,	LLC	<u> </u>
	ility company was organized	d under the laws of:	
FLORIDA		·	
3. The Florida doc <u>L0900066</u>	•	f this limited liability compar	ny is:
4. I, MICHELLI	E M SIKORA	, hereby resign as a M	GR
(Print N	ame of Person Resigning)		(Print Title)
of this limited lia resignation in wr	- ·	ne limited liability company l	nas been notified of my
Un	ichelle Iske	21a	
Signature of Resi	gning Member, Managing N	1ember or Manager	·
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		