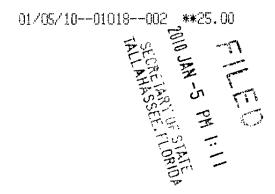
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(Requestor's Name)				
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PICK-UP WAIT MAIL				
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M. THOMAS

JAN - 6 2010

EXAMINER

COVER LETTER

TO: Registration Section **Division of Corporations** SUBJECT: REDEFINED BRANDING & PRODUCTS, 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: AMY LYNN SCHWARTZBARD (Contact Person) REDEFINED BRANDING & PRODUCTS, LLC (Firm/Company) 3530 MAGELLAN CIR #615 (Address) **AVENTURA FL 33180** (City/State and Zip Code) For further information concerning this matter, please call: at (__305___) 935-9114 HEIDI ELIASOV-HODES (Area Code & Daytime Telephone Number) (Name of Contact Person) 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: MAILING ADDRESS: Registration Section Registration Section

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

CR2E079 (5/06)

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301



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 lin of State is: FLOR	nited liability company as it ap RIDA	opears on the records	of the Florida Department
2. This limited liability FLORIDA	ty company was organized und	ler the laws of: 	JAN-5 PH
3. The Florida docum L09000670	ent/registration number of this 125	limited liability com	pany is:
4. 1, HEIDI ELIAS	SOV-HODES ne of Person Resigning)	hereby resign as a _	MGRM (Print Title)
of this limited liabil resignation in writh	ity company and affirm the lin	nited liability compan	y has been notified of my
Signature of Resign	ing Member, Managing Memb	per or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		