## UH000070930

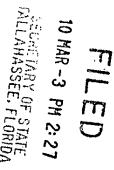
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
·				

Office Use Only



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03/03/10--01015--018 \*\*25.00



D. BRUCE

MAR 0 4 2010

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section	
Division of Corporations	
SUBJECT: Drape Vision, LLC	
(Name of Limited Liabi	lity Company)
The enclosed member, managing member or manage filing.	er resignation and fee(s) are submitted for
Please return all correspondence concerning this mat	ter to:
Bryan Quintanilla	
(Contact Person)	<del></del>
(I'' C	<b>7</b>
(Firm Company)	AAA A
207 NW 152 Lane	MAR -3 PH 2:27 CRETARY OF STATE AHASSEE, FLORID
(Address)	
Danaharia Biran	FS A.
Pembroke Pines	—— ORI
(City State and Zip Code)	7 0A
For further information concerning this matter, pleas	e call:
<u>.</u>	
at (	54 <u>903-8718</u>
(Name of Contact Person) (Area	a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo  \$25 Filing Fee	orida Department of State for:  \$55 Filing Fee &  Certified Copy
	Confined Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	i ananassee, Fiorida 32314

CR2E079 (5 06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

of State is: Dra	pe Vision, LLC	s it appears on the records of	*		
	ility company was organize lawful business	d under the laws of:	10 MAR -		
3. The Florida doct L09000070	ument/registration number o	of this limited liability comp	pany is: PERIOR		
<sub>4. I,</sub> Bryan Qui	ntaniila	hereby region as a	Manager ~		
(Print Name of Person Resigning)		, nereby resign as a _	, hereby resign as a Manager (Print Title)		
of this limited lia resignation in wr	bility company and affirm thiting.	ne limited liability company	has been notified of my		
Signature of Resi	gning Member, Managing I	Member or Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				

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