## L09000073465

(Requestor's Name)					
(Address)					
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(Address)					
(City/State/Zip/Phone #)					
(Cityl State) Liph Holle II)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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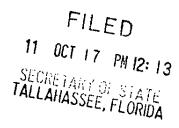
## **COVER LETTER**

for

TO: Registration Section Division of Corporations
SUBJECT: CREATIVE PRODUCTS LLC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted filing.
Please return all correspondence concerning this matter to:
SLAVA MONASTIRSKY (Contact Person)
CREATIVE RPODUCTS LLC (Firm/Company)
16699 Collins Ave, apt. 3403 (Home) (Address)
SUNNY ISLES, FL 33160 (City/State and Zip Code)
For further information concerning this matter, please call:
SLAVA MONASTIRSKY at (305) 335-6067  (Name of Contact Person) (Area Code & Daytime Telephone Number)
(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 \$ 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

CR2E079 (5/06)





## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as it PREATIVE PRO		
	ility company was organized ι LORIDA	under the laws of:	
	ument/registration number of t	his limited liability comp	pany is:
4. I, MONAS (Print N	TIRSKY, SLAVA Jame of Person Resigning)	, hereby resign as a _	MGRM (Print Title)
of this limited lial resignation in wr	bility company and affirm the iting.	limited liability company	y has been notified of my
Monas	hund		
	gning/Member, Managing Me	mber or Manager	
_	\$25.00 (Required) \$30.00 (Optional)		
common copy.	ψουνο (Optional)		