# L09000078364

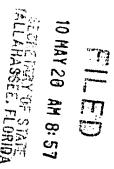
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name) $L09-783 \ \omega \ \Upsilon$ (Document Number)					
Certified Copies Certificates of Status					
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D. BRUCE

MAY 21 2010

EXAMINER



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 24, 2010

RAUL R BRETON 8810 COMMODITY CIRCLE SUITE 16 ORLANDO, FL 32819

SUBJECT: FANATICO'S SPORT L.L.C.

Ref. Number: L09000078364

We have received your document for FANATICO'S SPORT L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II Letter Number: 110A00007220

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

#### **COVER LETTER**

TO: Registration Section
Division of Corporations
SUBJECT: FANA-1(COS Sport L.L.C.  (Name of Limited Liability Company)
(Name of Britied Flability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Jose R SAD (Contact Person)
(Contact Person)
(Firm/Company)
HANATICOS Sport  (Firm/Company)  8810 Commodity Cir Suite 16-  (Address)  Orlando [1] 27019
Orlando, fl. 32819 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Edual do Pina at (407) 967 577 (Name of Contact Person) (Arca 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 P.O. Box 6327 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

	imited liability company as it a		f the Florida Departme	 ent 
	iity company was organized ur Clovedo	nder the laws of:		
	ment/registration number of th	is limited liability comp	eany is:	
	Brefon ume of Person Resigning)			
of this limited liab resignation in wri	_	,	y has been notified of	my
Signature of Resi	gning Member, Managing Me		•	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		10 MAY 20 AM SECRETARY OF TALLAHASSEE, F	-
				-

CR2E079 (5/06)