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SECRETARY OF STATE DIVISION OF CORPORATION:

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: 2 Nanas' LLC	
(Name of Limited	Liability Company)
The enclosed member, managing member or ma filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
Ann Marie Valenti	
(Contact Person)	
	·
(Firm/Company)	
21311 Argyle Avenue	
(Address)	
Port Charlotte, FL 33954	
(City/State and Zip Code)	
For further information concerning this matter, p	please call:
Ann Marie Valenti	941 766-0720
	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to th \$25 Filing Fee	e Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	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

1. The name of the of State is: 2 N	limited liability company a	s it appears on the records	of the Florida Departmen	ıŧ
2. This limited liab	ility company was organize	d under the laws of:		
3. The Florida doct 	ument/registration number o	of this limited liability con	npany is:	
4. I, Ann Marie	Valenti ame of Person Resigning)	, hereby resign as a	Managing Member	_
	oility company and affirm the			
and	Marie Halen	ti		
Signature of Resi	gning Member, Managing N	Member or Manager		
_	\$25.00 (Required) \$30.00 (Optional)		DIVISION 09 NOV	つてつり