1090000089891

(Requestor's Name)				
(Address)				
(Ad)	dress)			
(nu	uicssj			
(Cit	y/State/Zip/Phon	e #)		
—	—			
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(=	,	,		
(Do	cument Number)			
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

Office Use Only



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B. BOSTICK

JAN 11 2011

EXAMINER

COVER LETTER

Division of Corporations		
SUBJECT: Royal Chilean Import	Company, LLC	
(Name of Lin	mited Liability Company)	
The enclosed member, managing member of filing.	or manager resignation and fee(s) are submitted for	
Please return all correspondence concerning	g this matter to:	
Scott Grupp		
(Contact Person)	A.S.	
N/A		
(Firm/Company)	\$2.0 \$2.0	
300 Laurel Springs Drive, #317	LLAHASSEE, FLORID	
(Address)	ATE RID	
Durham, NC 27713	₽	
(City/State and Zip Code)		
For further information concerning this mat	tter, please call:	
Scott Grupp	at (919) 697-6696	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable \$25 Filing Fee	to the Florida Department of State for: √ \$55 Filing Fee &	
	Certified 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	
2001 Executive Center Circle	Tallahassee, Florida 32314	

CR2E079 (5/06)

Tallahassee, Florida 32301

TO: Registration Section



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 yal Chilean Import Co		s of the Florida Department
2. This limited liab	ility company was organized	under the laws of:	
3. The Florida doc 	ument/registration number of 9891	this limited liability con	npany is:
4. I, Scott Grup	pp	herehy resion as a	Managing Member
•	Jame of Person Resigning)	, nereoy resign as a	(Print Title)
of this limited lia resignation in wr	bility company and affirm the iting.	e limited liability compar	11 JAN SEGRESS TALLAHAS
Signature of Res Filing Fee: Certified Copy:	gning Member, Managing M \$25.00 (Required) \$30.00 (Optional)	ember or Manager	ILED 10 PH 5: 19 SSEE, FLORIDA