L09000090154

(Requestor's Name)
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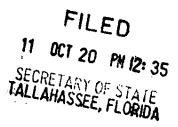
COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 211 ISB, LLC.	
(Name of Limited Liability Con	ipany)
The enclosed member, managing member or manager resig filing.	nation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
ASWINDER P. SURI	
(Contact Person)	-
211 ISB, LLC.	_
(Firm/Company)	
P O BOX 290186	_
(Address)	
PORT ORANGE FL 32129	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
JULIE LAIBLE, EA at (386	846-6439
(Name of Contact Person) . (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D	epartment of State for:
\$25 Filing Fee \$\sqrt{\sq}}}}}}}}}}}\end{\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	55 Filing Fee &
_	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Taliahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)

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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: 211		it appears on the records of the Florida Department
2. This limited liabi	lity company was organized	under the laws of:
3. The Florida docu L09000090	-	this limited liability company is:
4. I, KANWAL	J. SURI ume of Person Resigning)	, hereby resign as a MANAGER MBR (Print Title)
resignation in vri	ting.	e limited liability company has been notified of my
Filing Fee:	gning Member, Managing M \$25.00 (Required) \$30.00 (Optional)	lember or Manager