## L0900009352

	Participatoria Nama\			
(F	Requestor's Name)			
	Address)			
· ·	indicoo <sub>j</sub>			
	Address)			
(0	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT ☐ MAIL			
- (E	Business Entity Name)			
])	Document Number)			
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
L SELLERS				



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**EXAMINER** 

FEB 2.4 2010

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SECRETARY OF STATE
TALL AHASSEF, FLORIDA

## **COVER LETTER**

es, LLC
ted Liability Company)
manager resignation and fee(s) are submitted fo
this matter to:
· .
er, please call:
at ( 305 ) 666-8844 (Area Code & Daytime Telephone Number)
(Area Code & Daytime Telephone Number)
o the Florida Department of State for:
\$55 Filing Fee &
Certified Copy
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 A Restaurant Services		the Florida Department
2. This limited liab	llity company was organized	under the laws of:	
3. The Florida docu L09000092	ment/registration number of	this limited liability compar	ny is:
4. I, Alexis Mogollon (Print Name of Person Resigning)		, hereby resign as a Mgr	
of this limited liab	oility company and affirm the	· · · · · · · · · · · · · · · · · · ·	(Print Title) nas been notified of my
	\$25.00 (Required)	Ç	7