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(Requestor's Name)				
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DIVISION OF CORPORATION

T. HAMPTON
JUL -7 2010

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Big Augs Profesional Services Li (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted fo filing.
Please return all correspondence concerning this matter to:
Daio Dela) (Contact Person)
Big Bus Profesion & Services LCC
100 W Great St #1100 (Address)
Orlando FC 3280 C (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (407) 353-F55 (Area 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  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301



## 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 t	he limited liability company a	is it appears on the records of	f the Florida Department
of State is:	Big Guys Pi	20Hestowal Seri	rices LCC
	<i>J</i> 1	•	
	ability company was organize	ed under the laws of:	
_ FLO	orid.b		
3. The Florida de	ocument/registration number of	of this limited liability compa	any is:
4	90000 95000		-,
			W.
4. I, <u>Su</u>	y P Krebs	, hereby resign as a	"MOKM"
	Name of Person Resigning)		(Print Title)
of this limited l	liability company and affirm t	he limited liability company	has been notified of my
	3		,
		- 4 - usv 1	
Signature of R	esigning Member, Managing	Member or Manager	
		<b>-</b>	
			<u> </u>
Filing Fee:	\$25.00 (Required)	·	20 S

CR2E079 (5/06)

Certified Copy:

\$30.00 (Optional)

SECRETARY OF STATE DIVISION OF CORPORATIONS