09000095505

(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	a #f)			
(CII	у/Зіаів/Дір/Епопі	σ π)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
·	,	····			
(Do	cument Number)				
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					
·					
		:			

Office Use Only



400185473864

14,5

09/21/10--01031--001 **25.00

FILED

10 SEP 21 MII: 20

SEGRETANT OF STATE
SEGRETANT OF STATE
SEGRETANT OF STATE

J. BRYAN

SEP 2 2 2010

EXAMINER

COVER LETTER

	ration Section on of Corporation	ns			
SUBJECT: _	WORLD		502070015	6.6.	<u>.</u>
		(Name of Limited	Liability Company)		
The enclosed r filing.	nember, managi	ng member or ma	anager resignation and	d fee(s) are submitte	ed for
Please return a	ll correspondenc	ce concerning thi	s matter to:		
MONIC	A 64180	vicH			
	(Contact Pe	erson)		س	to
				P	S - S
				Ţ	珍罗
	(Firm/Com	pany)		5	25
10845	- 5M S	79 57			SEP 21 MILLIANTE
	SW (Address	;)			70-
•	•	,			8 E
MIAMI	FL	33176			ア
· _ · · · · · · · · · · · · · · · · · ·	(City/State and		······································		
For further info	ormation concer	ning this matter,	please call:		
			•		
MONICA	4 641BO	vicht at	(Area Code & Daytime	1 7720	
(Nan	ne of Contact Pers	son)	(Area Code & Daytime	e Telephone Number)	_
Enclosed pleas	e find check m	nade navable to ti	he Florida Departmen	t of State for:	
	\$25 Filing Fe		\$55 Filing		
_			Certifie	ed Copy	
STREET/CO	URIER ADDRI	ess:	MAILIN	G ADDRESS:	
Registration Se		2001		ion Section	
Division of Co	rporations		Division	of Corporations	
Clifton Buildin		•	P.O. Box		
Tallahassee, Fl	e Center Circle lorida 32301		ranass	see, 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			-
	ility company was organized		TALLAHADO	FILED o SP 21 M
	nment/registration number of	f this limited liability co	ompany is:	AII: 21
Λ	ame of Person Resigning) pility company and affirm the iting.			
Signature of Resi	gning Member, Managing N	dember or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			

CR2E079 (5/06)