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EXAMINER



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SECRETARY OF STAIR DIVISION OF CORPURATION

COVER LETTER

Division of Corporations	
SUBJECT: MORGADO JUUGST MONT, (Name of Limited	LLC
(Name of Limited	Liability Company)
The enclosed member, managing member or ma filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
A	
Anamania Hongado (Contact Person)	
(Contact Person)	
Girm/Company)	
(Firm/Company)	
2101 DeiNORO De. SVITE 11	
(Address)	
OLLANDO, FL 32837 (City/State and Zip Code)	
For further information concerning this matter, p	
Anamalia Polgado at (Name of Contact Person)	(407) 851-6367
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	
\$25 Filing Fee	\$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 Tallahassee, Florida 32301	Tallahassee, Florida 32314
- 4.14.14.0000, 1.101144 02501	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

l. The name of the l	imited liability company as	it appears on the records	of the Florida De	partm	ent
of State is:	ORGADO FUNESTMENT	, 220			
/					
	ity company was organized				
State of Flo.	nida	 •			
V					
3. The Florida docur	ment/registration number of	this limited liability comp	pany is:		
2090000 98	722	·			
Tamasian	61 M-12	hh	M 6 2 11		
(Print Na	65 M-J3 me of Person Resigning)	, nereby resign as a _	(Print Title)		.
of this limited liabi	ility company and affirm the				ny
resignation in writ	ing.				
M. 1					
Signature of Resig	<u>√</u> ming Member, Managing M	ember or Manager			
//// "					0
/ U v	406.00 (D : 1)			09	NSE SE
	\$25.00 (Required) \$30.00 (Optional)			8	로 로 유
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				220	
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