## L09000104045

(Requestor's Name)					
(Address)					
(Add	ress)				
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PICK-UP	☐ WAIT	MAIL			
(Bus	iness Entitÿ Nai	me)			
	·	ŕ			
(Doc	ument Number)				
Certified Copies	Certificate	s of Status			
Special Instructions to F	iling Officer:				
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S. HAWKES

OCT 1 3 2010

EXAMINER

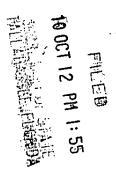
## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: New Beginnings US LLC (Name of Limited Liability Company)					
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to:					
Phulp Douglas (Contact Person)					
Phup Douglas Inc. (Firm/Company)					
378 13th Avenue South					
City/State and Zip Code)					
For further information concerning this matter, please call:					
Doug Olsen at (239) 643-0233 (Name of Contact Person) (Area Code & Daytime Telephone Number)					
Enclosed please find a check made payable to the Florida Department of State for:  \$\sum_{\text{25}}\$\$\$ \$\sum_{\text{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 32314 Tallahassee, Florida 32301					

CR2E079 (5/06)







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

1. The name of the	limited liability company as it a	ppears on tl	he records	of the Florida Department
of State is:	Jew Beginnings	US	LLC	
	3 3			
2. This limited liab	ility company was organized uno	der the laws	s of:	
	ida			
	ment/registration number of this	s limited lia	bility com	pany is:
L090	00104095	_·		
11 Philip	Douglas	hereby re	ecion ac a	M GRM
·· ,	ame of Person Resigning)	_, noreby iv	231 <u>6</u> 11 d3 d _	(Print Title)
of this limited lial resignation in wr	bility company and affirm the lir	nited liabili	ty compan	y has been notified of my
N/h	in Dougla	<i>'</i>		
Signature of Resi	gning Member, Managing Mem	ber or Man	ager	
Filing Fee:	\$25.00 (Required)			
Certified Conv.	\$30.00 (Ontional)			