## L09000104507

(Reque	estor's Name)			
(Addre	ess)			
(Addre	ess)			
(City/S	state/Zip/Phone #)			
PICK-UP	WAIT MAII	<u>.</u>		
(Busin	ess Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status	•		
Special Instructions to Filing Officer:				





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TALKANASSESSEIGHITA

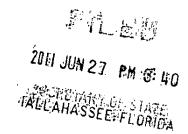
JUN 2 8 2011 EXAMINER

## **COVER LETTER**

	ration Section on of Corporation	ıs		
SUBJECT:	Mson	Consul-	d Liability Con	npany)
The enclosed filing.	member, managir	ng member or m	anager resig	nation and fee(s) are submitted for
Please return	all correspondenc	e concerning th	is matter to:	
Menas	Le Galor (Contact Per	MOY rson)		-
Msm	Consul-	ins Ll	_(	-
19495	GISCAYNL (Address)	Bouleve	ard Su	ide 301
Areudu	(City/State and	33180 Zip Code)		
For further in	formation concern	ning this matter,	please call:	
Manny M. (Na	Tarich E	25 <b>5</b> a	t ( <u>305</u> (Area Code	503-509) & Daytime Telephone Number)
Enclosed plea	se find a check m \$25 Filing Fed			Department of State for:  555 Filing Fee &  Certified Copy
Registration S Division of Co Clifton Buildi	orporations ng /e Center Circle	CSS:		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

	mited liability company as it appears on the records of the Florida Department LLC.
2. This limited liabili	ty company was organized under the laws of:
3. The Florida docum	nent/registration number of this limited liability company is:
4. I, ISAAC Print Nam	hereby resign as a MGR (Print Title)
of this limited liabil resignation in writi	ity company and affirm the limited liability company has been notified of my ng.
Signature of Resign	ning Member, Managing Member or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)