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SECRETARY OF STATE

J. BRYAN

DEC -4 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Southern Cross Offithers 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:
Alicia Howell (Contact Person) Alicia Howell (Contact Person)
(Firm/Company)
(Firm/Company) 1) 4 Sycamore Surchive (n (Address)
New Snyma Beach 7132168 (Chy/State and Zip Code)
For further information concerning this matter, please call:
Alicia Howell at (305) 394-0456 (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 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

	mited liability company a					ent _•
	ty company was organize		·			
	nent/registration number o	(Note)			,	
•	ity company and affirm t	he limited liability con		•		GR 1y
	Member, Managing !	 Member or Manager			,	
_	\$25.00 (Required) \$30.00 (Optional)			SECRETA FALLAHAS	09 DEC -	7