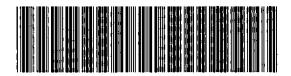
L09000106385

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
·						

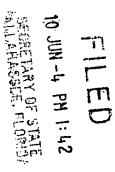
Office Use Only



700181606417

06/04/10--01025--009 **50.00

FILING CANCELLED RETURNED CHECK



J. BRYAN

JUN -7 2010

EXAMINER

COVER LETTER

	TO: Registration Sec Division of Corp			
	SUBJECT: FALL	Name of Limite	L 101, LLC d Liability Company)	
	The enclosed member, rafiling.	nanaging member or m	nanager resignation and fee(s) are submitted for
	Please return all corresp	ondence concerning th	is matter to:	
	HAVE PA	Contact Person)		
	7 2530 TRO	PRICAL Shores	De, Stifete Fl.	33705
	FATIMA F	ood Mart 11 (Address)	01,40	JUN-4
	St. Peters	State and Zip Code)	570 5	JUN-4 PH 1:42
	For further information	concerning this matter,	, please call:	No.
•	ERNEST ME MULL (Name of Cont	CN act Person)	at (<u>2 3</u>) <u>333-29</u> (Area Code & Daytime Tele	
	Enclosed please find a c	heck made payable to lling Fee	the Florida Department of S \$55 Filing Fee Certified Co	&
	STREET/COURIER A Registration Section Division of Corporation Clifton Building		MAILING A Registration S Division of Co P.O. Box 632	ection orporations
	2661 Executive Center (Tallahassee, Florida 323		Tallahassee, F	lorida 32314

CR2E079 (5/06)



FILING CANCELLED RETURNED CHECK

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 ap		of the Florida De	partment
of State is:	ATIMA tood M.	Aet 101, LL	ン	·
2. This limited liabilit	ty company was organized und	er the laws of:	BECRETARY OF BILLIAMASSIE.	TILTI
	ent/registration number of this	limited liability comp	pany is:	1:42
4. I, Shafda (Print Nam	MiAH ne of Person Resigning)	, hereby resign as a	M612 (Print Title)	
of this limited liabilities resignation in writing	ity company and affirm the limng.	ited liability company	has been notific	ed of my
Shaeda 9	micel			
Signature of Resign	ing Member, Managing Memb	er or Manager		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			