## L09000110777

(Requestor's Name)
(Address)
(Address)
(Nadiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Office Use Only

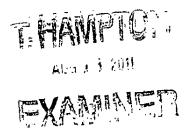


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SECRETARY OF STATE
DIVISION OF CORPORATIONS



## **COVER LETTER**

Division of Corporations	
SUBJECT: 119 NE 15 Ave. LI (Name of Limited Liability)	(Company)
The enclosed member, managing member or manager rafiling.	resignation and fee(s) are submitted for
Please return all correspondence concerning this matter	r to:
Ruben Ponce (Contact Person)	
(Firm/Company)	
3875 Treetop Drive	<del></del>
Mushin FL 33332 (City/State and Zip Code)	
For further information concerning this matter, please of	call:
(Name of Contact Person) at (954)	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flori	da Department of State for:  \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	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

1. The name of the limited liability company as it	appears on the records	of the Florida Department
of State is: 1119 NE 15 A	ic. LLC	<del></del> .
	,	
2. This limited liability company was organized un	nder the laws of:	
Florida	,	
, ,		
3. The Florida document/registration number of th	is limited liability con	npany is:
FFF011000PD 1	·	
4.1, Roben Ponce	, hereby resign as a	Manager
(Print Name of Person Resigning)		(Print Title)
of this limited liability company and affirm the l	imited liability compar	ny has been notified of my
resignation in writing.		
Signature of Resigning Member, Managing Mer	nber or Manager	
\ \		
1		<u> </u>

\$25.00 (Required)

\$30.00 (Optional)

JG 15 PM 12:

SECRETARY OF STATE

SIVISION OF CORPORATIONS

Filing Fee:

Certified Copy: