L10000001921

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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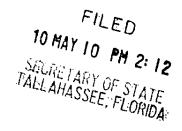
10 MAY 10 PM 2: 12
SEUTE LARY OF STATE
WILL ALLASSEF FLORID.

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: EUROTEM EIG	CHONICS UC ad Liability Company)
·	• • •
filing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
cheistopher montic	ello
(Contact Person)	
(Firm/Company)	
3775 Turtlerun Biva	#1432
(Address)	
curul springs, FL 3306	7
(City/State and Zip Code)	
For further information concerning this matter	, please call:
(Name of Contact Person)	At (AGL) UAU-0572 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	the Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
(Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	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 l	imited liability company a EULDICH EILCHDNÍ	s it appears on the records of the Florida Department.
	ity company was organize	i under the laws of:
	ment/registration number o	f this limited liability company is:
4. I, <u>MUSTOPM</u> (Prini Na	L MDHICLID me of Person Resigning)	, hereby resign as a MUNUAJIM MUNDEL (Print Ville)
of this limited liabi resignation in writ		ne limited liability company has been notified of my
Signature of Resig	ning Member, Managing N	1ember or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	

CR2E079 (5/06)