(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
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(Bu	siness Entity Nan	ne) .		
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S. HAWKES

MAY 1 2 2010

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: CAUSE & ENTS, LL. (Name of Limited Liability)	
The enclosed member, managing member or manager refiling.	esignation and fee(s) are submitted for
Please return all correspondence concerning this matter	to:
MENCEDES NOCA -FRAGA (Contact Person)	
(Contact Person)	
CAUSE & EVENTS, LLC (Firm/Company)	
(Firm/Company)	
11059 SW 69 ST	
(Address)	— <del></del>
MIANI FL 33173	
(City/State and Zip Code)	
For further information concerning this matter, please of	call:
Malcades ROCA-FLAGA at (78	(6) 385 7526
	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flori	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy
	сенней сору
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section Division of Corporations
Division of Corporations Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	200000000000000000000000000000000000000

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS**

## DAN 1 PA 2:51 RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the of State is:	limited liability company a	s it appears on the records	of the Florida Department
	ility company was organize	d under the laws of:	
	nment/registration number of 100000000000000000000000000000000000	•	npany is:
., .,	A A . AHUIAUA  ame of Person Resigning)	, hereby resign as a	Managina Methbel (Print Title)
of this limited lial resignation in wr	pility company and affirm the diting. AS OF 03/04	he limited liability compar / 2010	ny has been notified of my
Signature of Resi	gning Member, Managing	Member or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		