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ALLAHASSEF ELORIO

EXAMINER
MAR 9 2011

Registration Section Division of Corporations The enclosed member, managing member or manager resignation and fee(s) are submitted for filing. . . . Please return all correspondence concerning this matter to: (Firm/Company) P.O. Box 238671 City/State and Zip Code) For further information concerning this matter, please call: Clenn L. Eichnan at (3 th) 492-3890 (Name of Contact Person) (Area Code & Daytime Telephone Numb 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 **Division of Corporations** P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

of State is:	Glenns p	Manase	ment Co	smpany	7. LLC
• ** **	<u>.</u>				-
2. This limited lia	bility company wa	=		f:	
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	cument/registration	n number of th	is limited liabil	ity company	is: · ·
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J. Glan	2 Eile				1-00-
-4.1;G/en/ (Print	Name of Person Resig	gning)	, nereby resig	gn as a	(Print Title)
of this limited li	ability company ar	nd affirm the l	mited liability	company has	been notified
_ resignation in w	riting	<i>)</i> -		•	-
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Signature of Re	signing Member N	Janaging Mer	aber or Manage	r	
Signature of Re	signing Member, N	Managing Mer	nber or Manage	er	=• ••
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