# L10000008329

(Requestor's Name)				
(Ad	dress)			
(Address)				
(Cit	ty/State/Zip/Phon	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
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SECRETARY OF STATE

C. LEWIS

APR 9 2010

EXAMINER

## **COVER LETTER**

Division of Corporations	
SUBJECT: US PEPTIDES LLC	
	Limited Liability Company)
The enclosed member, managing member filing.	r or manager resignation and fee(s) are submitted for
Please return all correspondence concerni	ing this matter to:
Don Pierce	
(Contact Person)	
US Peptides, LLC.	
(Firm/Company)	
223 Dolphin Point #2	
· · (Address)	<del></del> · .
Clearwater, FL 33767	• .
(City/State and Zip Code)	
For further information concerning this m	natter, please call:
Don Pierce	at (727 ) 657-7279
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payab	le 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
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	- Tallahassee, Florida 32314

CR2E079 (5/06)

TO: Registration Section



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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

	limited liability company as PEPTIDES LLC	it appears on the records	s of the Florida Department
2. This limited liab	ility company was organized	under the laws of:	
3. The Florida doc L1000000	ument/registration number of 3329	this limited liability con	npany is:
4. I, Brent J. A	gin	, hereby resign as a	MGRM
(Print N	ame of Person Resigning)		(Print Title)
resignation in wr			ny has been notified of my
	\$25.00 (Required) \$30.00 (Optional)	ember or Manager	