## L10000016002

| ·                                       |
|---|
| (Requestor's Name)                      |
| (Address)                               |
| (Address)                               |
| (Addiess)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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|   |

Office Use Only



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FILED
SECRETARY OF ISTATE
DIVISION OF CORPORATION

T. HAMPTON

APR - 2 2010

EXAMINER

## **COVER LETTER**

| Division of Corporations  |
|---|
| SUBJECT: Lady Super Sand Treads (Name of Limited Liability Company)   |
| The enclosed member, managing member or manager resignation and fee(s) are submitted for illing.  |
| Please return all correspondence concerning this matter to:    Contact Person   Contact Person   Please return all correspondence concerning this matter to:  |
| (Firm/Company)  (Address)  (Address)  |
| (City/State and Zip Code)   |
| For further information concerning this matter, please call:    Own   Style   Style |
| Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy   |
| CTREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314   |

CR2E079 (5/06)

Tallahassee, Florida 32301



## 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,<br>ICGANG SWELT | as it appears of | n the records o | of the Florida De       | partment<br>    |
|--|---|------------------|-----------------|-------------------------|-----------------|
| 2. This limited liabil   | lity company was organiz                  | ed under the la  | iws of:         |                         |                 |
| 3. The Florida documents of the Florida docume | ment/registration number                  | of this limited  | liability comp  | oany is:                |                 |
| 4. 1, HOLACK<br>(Print Na  | ROURIGUEZ<br>me of Person Resigning)      | , hereby         | y resign as a   | Marage<br>(Print Title) | <u>2v</u>       |
| of this limited liab resignation in writ   | ility company and affirm ing.             | the limited liab | oility company  | has been notifie        | d of my         |
| Signature of Resig   | ning Member, Managing                     | Member or M      | anager          |                         |                 |
| Filing Fee:<br>Certified Copy:   | \$25.00 (Required)<br>\$30.00 (Optional)  |                  |                 |                         | DIVISIO<br>10 A |

CR2E079 (5/06)

SECRETARY OF STATE DIVISION OF CORPORATIONS