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J. SAULSBERRY EXAMINER

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COVER LETTER

Tallahassee, Florida 32301

CR2E079 (5/06)

| TO: Registration Section Division of Corporations | | | |
|--|---|--|--|
| | | | |
| SUBJECT: Luxury Kitchen Hoods LL | .C | | |
| (Name of Limited | Liability Company) | | |
| The enclosed member, managing member or mafiling. | anager resignation and fee(s) are submitted for | | |
| Please return all correspondence concerning thi | s matter to: | | |
| David Zisman | | | |
| (Contact Person) | | | |
| Luxury Kitchen Hoods LLC | 20 TA | | |
| (Firm/Company) | I2 HI | | |
| 9621 S. Dixie Hwy | SECRETARY OF STALLAHASSEE. FLO | | |
| (Address) | | | |
| Miami, FI 33156 | AM 10: 52 OF STATE OF LORIDA | | |
| (City/State and Zip Code) | | | |
| For further information concerning this matter, | please call: | | |
| David Zisman at | 786) 236-9893 | | |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) | | |
| Enclosed please find a check made payable to the State of | he Florida Department of State for: \$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 | P.O. BOX 0327 Tallahassee, Florida 32314 | | |



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

| | mited liability company as it Iry Kitchen Hoods LLO | | s of the Florida De | partme | nt |
|---|--|---------------------------|---------------------|-------------|---------|
| 2. This limited liabil Florida | ity company was organized u | inder the laws of: | | | |
| 3. The Florida docur | nent/registration number of the 188 | his limited liability con | npany is: | | |
| 4. I. Laura Zism | an | , hereby resign as a | MGR | | |
| · | ne of Person Resigning) | | (Print Title) | | _ |
| of this limited liabi resignation in writi | lity company and affirm the ng. | limited liability compa | ny has been notifi | ed of m | ıy |
| | ning Member, Managing Me | | ŠEURETA TALLAHAS | 2012 MAR | <u></u> |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | SEE FLORIC | -7 AM 10: 5 | 一一 |