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	(Requestor's Name)			
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SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN

JUL 21 2010

EXAMINER

COVER LETTER

Registration Section
Division of Corporations

TO:

CR2E079 (5/06)

SUBJECT: COMMERCIA L FEC (Name of Limited Liability Con	
The enclosed member, managing member or manager resig filing.	nation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
Merk RekieL (Contact Person)	SECRETA CALLAHA
COMMERCIAL Facility Solo	STICK)
5301 GUF Blud Condo A	610 BE
ST PETE FLOVIDE 33706 (City/State and Zip Code)	2 -
For further information concerning this matter, please call:	
Marie of Contact Person) at (727 (Name of Contact Person) (Area Code	368-7303 & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$3	Department of State for: 355 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



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 of State is:	limited liability company as) MMErci 2L f	it appears on the records	s of the Florida Department	t
7 11	ility company was organized	under the laws of:		
1 .	ument/registration number of	this limited liability con	npany is:	
4. I, Mark (Print N	ame of Person Resigning)	, hereby resign as a	(Print Title)	
of this limited lial resignation in wr	bility company and affirm the	e limited liability compa	10 SE	
Signature of Resi	gring Merhoer, Managing M	lember or Manager	JUL 20 CRETARY LAHASSE	7
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		AH II: OF OF STATE E. FLORIG	ザッ