L10000030513

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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A. LUNT

OCT 10 2011

EXAMINER



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10/07/11--01026--014 **25.00

NECKETARY OF STATE

COVER LETTER

Division of Corporations		
SUBJECT: PRIMADONNAS LLC	117477 (
(Name of Limite	ed Liability Company)	
The enclosed member, managing member or n filing.	manager resignation and fee(s) are submitted for	
Please return all correspondence concerning th	nis matter to:	
BOB COHEN		
(Contact Person)		
BOTTOM LINE BOOKKEEPING	ZOLI OCT =7 SECRETARY TALLIAHASSI	7
(Firm/Company)	AR FT	
111 W MAIN ST SUITE 207	OF STA	
(Address)	ORI W	-
INVERNESS, FL 34450	RIGA	
(City/State and Zip Code)		
For further information concerning this matter,	, please call:	
	at <u>352</u> 419-4879	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to a \$\sqrt{\sqrt{\chi}}\$\$25 Filing Fee	the Florida Department of State for: \$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)



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 limited liability company as it a of State is: PRIMADONNAS LLC	ppears on the records of the Flo	orida Department
2. This limited liability company was organized und THE STATE OF FLORIDA	der the laws of: 	20H QCT =7 SECRETARY
3. The Florida document/registration number of this L10000030513	s limited liability company is:	CT =7 PH 3 ETARY OF STA
4. I, LISA SMITH (Print Name of Person Resigning)	, hereby resign as a MEMB	ER Sint Title)
of this limited liability company and affirm the lin resignation in writing.	· ·	ŕ
Marie Dal		
Signature of Resigning Member, Managing Member	per or Manager	

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)