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



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C. LEWIS

APR 2 9 2010

EXAMINER

4/23/10



FILED

2010 APR 28 PM 12: 32

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 OBAL WOW MARKE		of the Florida Department
2. This limited liab FLORIDA	ility company was organized	under the laws of:	
3. The Florida docu L10000031	ument/registration number of	this limited liability con	npany is:
4. I, CARLOS FELICIANO		, hereby resign as a	MANAGER
•	ame of Person Resigning) pility company and affirm the sting.		(Print Title)
Signature of Resi	ening Member, Managing M	ember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		