1/0000033553

	*
((Requestor's Name)
· · · · · · · · · · · · · · · · · · ·	
((Address)
((Address)
*	
• ((City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
•	
·	(Business Entity Name)
··-	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
Α.	LUNT
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COVER LETTER

TO: Registration Section	÷
Division of Corporations	
•	
SUBJECT: ARDI International LLC	* 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
(Name of Limited Liabilit	y Company)
The enclosed member, managing member or manager filing.	resignation and fee(s) are submitted for
Please return all correspondence concerning this matter	er to:
Carmen M Peters	
(Contact Person)	
	; 1
Fernandez-Bergnes & Associates, PA	. Zs z
(Firm/Company)	SECRETARY ALLAHASSI
7400 West Flagler Street	AARY 80 F
(Address)	
Miami, FL 33144	PH I2: 38
(City/State and Zip Code)	
` , , , ,	•
For further information concerning this matter, please	call:
Carmen M Peters at (_30	05 648-7100 Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flor \$25 Filing Fee	
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 32314
Tallahassee, Florida 32301	!

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

•	· • • • • • • • • • • • • • • • • • • •	•	ŗ		
1. The name of the 1	imited liability company as it	appears on the record	s of the	e Florida Depar ≱∽	rtment
of State is:	International LLC		<u> </u>		<u>=</u> .
		•	,	全部	₹
			,	AS AS	1
	ity company was organized un	nder the laws of:		SE	8
Florida			'	T.S.	Р
		 -	:	<u> </u>	PH 12: 33
		à	j		'.\ <u>`</u>
3. The Florida document L1000033	nent/registration number of th 553	is limited liability cor	npany	is:	ස
		 '			
Duban A Ja	don Donon			DM	
4. I, Ruben A. Id		_, hereby resign as a	MG	KM	
(Print Na	me of Person Resigning)	- ,	i	(Print Title)	
of this limited-liabi	ility company and affirm the li	imited liability compa	ny:has	been notified	of my
resignation in writ			. 1		•
Tox	OT Olls.		1.		*
Signature of Resig	ning Member, Managing Mer	nber or Manager	•		
			•		
Cilia Pass					
rning ree:	\$25.00 (Required)				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		, .		