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(Re	questor's Name)			
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•	WAIT	<u> </u>		
☐ PICK-UP	Ŭ WAII	MAIL		
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Certified Copies	_ Certificate:	s of Status		
Special Instructions to	Filing Officer:			
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TALLAHASSES FIGRICA

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: OLo Light (Name of Limit	ted Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning t	his matter to:
Ujjval Vyas (Contact Herson)	
Olo Lighting Groy	SILLC AUG 16 PH 31  SILLC IN 1870  SILL IN 1870  SIL
900 S, Clark St. S	7:4= 1850
Chicago TL 60( (City/State and Zip Code)	
For further information concerning this matter	er, please call:
(Name of Contact Person)	at (312) 810 - 1008 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	o the Florida Department of State for:  \$55 Filing Fee &  Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

2. This limited lia	bility company was organi	zed under the laws of:		
	FLORIDA .	<b>-</b>		
	cument/registration numbe	r of this limited liability comp	oany is:	ZĒIB AUG
				<b>5</b>
4. I, <u>CSC F</u>	toldings cuc	, hereby resign as a _	WEMPEK	<del>2</del> <b>?</b>
•	Name of Person Resigning)		(Prim Title)	on the state of
		the limited liability company	has been notified	of my
resignation in w	riting.		J.·	<b>63</b>
<u>_</u>	1708	_		
Signature of Re	signing Member, Managin	g Member or Manager		