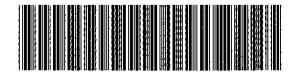
1000035903

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer:
. L.	SELLERS
	MAY 2.1 2010

Office Use Only

EXAMINER



400180953604

05/18/10--01025--011 **25.00

19 MAY 18 AHII: 25 SECRETARY OF STATE



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 it appears on the records of the Florida Department OPOUNTITE LLC.
	oility company was organized under the laws of:
	ument/registration number of this limited liability company is:
4. I, A (Print)	en re-Ponce hereby resign as a Managing Member (Print Title)
of this limited lia resignation in w	bility company and affirm the limited liability company has been notified of my riting.
Signature of Res	igning Member, Managing Member or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)

CR2E079 (5/06)

19 MAY 18 AH II: 25
SECRETARY OF STATE