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D. BRUCE
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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: WAREAGIER AIDER LL (Name of Limited Liability Con	C
The enclosed member, managing member or manager resigning.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
Donna mAlliow (Contact Person)	_
(Contact Person) WAREAglE Raider LLC (Firm/Company)	Fr
(Firm/Company)	LAHARA TA
12680 SW 34 Place	- SEE
Davi & PC 33336 (City/State and Zip Code)	
For further information concerning this matter, please call:	******
Donna MAllow at (954) (Name of Contact Person) (Area Code	294-1335
Enclosed please finar a check made payable to the Florida I	Department of State for:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Evecutive 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

	limited liability company as it appear		rida Department
	ility company was organized under t	the laws of:	
	nment/registration number of this lin		
4. I, Donna M	1.1000046414 n.mallion Revocable, ho ame of Person Resigning)	Rust Donna ereby resign as a	mAlliow TRUSTER
of this limited lial resignation in wr	oility company and affirm the limited		
Filing Fee:	gning Member, Managing Member (\$25.00 (Required) \$30.00 (Optional)	or Manager	FILED 11 APR 12 M BO FALLAHASSEE, FLORE