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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Gus Bergamini LLC	•
	Liability Company)
The enclosed member, managing member or managing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning thi	s matter to:
Gus Bergamini	
(Contact Person)	
Gus bergamini LLC	
(Firm/Company)	
9737 NW 4 st.	
(Address)	
Coral Springs FL 33371	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Gus Bergamini	t ( 954 ) 394-9147 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	the Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
_	Certified Copy
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	•

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CR2E079 (5/06)



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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

1. The name of the lim of State is: <u>gus b</u>	nited liability company as it a ergamini LLC	ppears on the records	s of the Florida Department
2. This limited liability Florida	y company was organized un	der the laws of:	ı
3. The Florida docum L100000485	ent/registration number of thi 35	s limited liability con 	mpany is:
4. I. Gustavo Ber	gamini	_, hereby resign as a	Manager
	e of Person Resigning)		(Print Title)
of this limited liabili	ity company and affirm the li	mited liability compa	any has been notified of my
Signature of Resign	ing Member, Managing Men	ber or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		