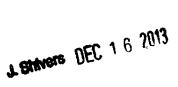
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Office Use Only



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COVER LETTER

TO:	Registration Section		
	Division of Corporations		
SUBJ	ECI;	· · · · · · · · · · · · · · · · · · ·	RENTAL, W
The enfiling.		or manager resignation and fe	æ(s) are submitted for
Please	Division of Corporations Flokish Party Bowel Revision UK (Name of Limited Liability Company)		
	FABIAN A	GAMI	
	(Contact Person)		
·	(Firm/Company)		
		1.00 01	
·····	(Address)	146 76.	
		7.33193	
	(City/State and Zip Code)		
For fu	orther information concerning this ma	atter, please call:	
	FABIA~ AGAR	4 at 305 8120	56.3
	(Name of Contact Person)	(Area Code & Daytime T	elephone Number)
Enclos			
	47\$25 Filing Fee	_	
		MAILING	ADDRESS:
_			
	•		
	n Building Evecutive Center Circle		
/hh	EVECUTIVE CENTER CIRCLE	Lallahaccaa	HIOPIDO 4741/1

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

1. The name of the of State is:	limited liability company as it appears on the records of the Fi FLONIDA PARTY BOUNCE FEN	lorida Dep	artment LUC
2. This limited liabi	lity company was organized under the laws of:	W.	\$3 (D) (P)
L 10	ment/registration number of this limited liability company is:		\(\sigma\)
(Print No	me of Person Resigning), hereby resign as a (I) company and affirm the limited liability company has be ting.	Print Title)	d of my
	gning Member, Managing Member or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		