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| (Requestor's Name) |
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| (Address) |
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| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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ECRETARY OF STATE SION OF CORPORATIONS

T. HAMPTON

AUG TO 2011

EXAMINER

COVER LETTER

| Division of Corporations | |
|--|---|
| SUBJECT: ABC Organia (Name of Limi | nics, LLC ted Liability Company) |
| (112119) 21111 | sa billouity company) |
| The enclosed member, managing member or filing. | manager resignation and fee(s) are submitted for |
| Please return all correspondence concerning | this matter to: |
| Drnella, Marce | 95 |
| (Contact Person) | <u> </u> |
| - N/A - | |
| (Firm/Company) | |
| 17021 N Bay Rd, A | pt. 706 |
| (Adagess) | |
| Sunny Isles Boach, (City/State and Zip Code) | FL 33160 |
| (City/State and Zip Code) | |
| For further information concerning this matte | er, please call: |
| Marcel barbie | at (786) 252 6442 (Area Code & Daytime Telephone Number) |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to \$25 Filing Fee | 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 2661 Executive Center Circle | 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

| | limited liability company as it ABC Organ | appears on the records of the FI | orida Department |
|----------------------|---|-----------------------------------|-----------------------------------|
| 2. This limited liab | ility company was organized u | under the laws of: | |
| | nment/registration number of t | his limited liability company is: | |
| | | , hereby resign as a(P | |
| resignation in wr | · · | limited liability company has be | en notified of my |
| | gning Member, Managing Me | mber or Manager | SECRET DIVISION C |
| | \$25.00 (Required) \$30.00 (Optional) | | FILED ARY OF STATE ORPORATI |