

L10000055481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

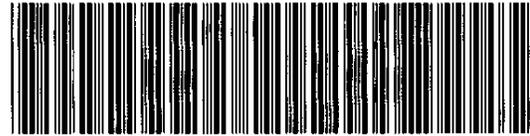
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Miami Vixens, LLC.  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed ~~Registered Agent/Registered Office Change~~ **RESIGNATION OF MEMBER** and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bri-Ann Wright  
Name of Person

Miami Vixens, LLC.  
Firm/Company

3389 Sheridan Street #141  
Address

Hollywood, FL 33021  
City/State and Zip Code

MiamiVixensFootball@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bri-Ann Wright at ( 305 ) 764-4889  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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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 limited liability company as it appears on the records of the Florida Department of State is: Miami Vixens, LLC.

2. This limited liability company was organized under the laws of:  
Florida

3. The Florida document/registration number of this limited liability company is:  
L10000055481

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TALLAHASSEE, FLORIDA

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4. I, Siobhan Abrams, hereby resign as a Partner/MGRM  
*(Print Name of Person Resigning)* *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)