L10000060083

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only/Otalis/Elp/1 flotte #)
PICK-UP WAIT MAIL
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D. BRUCE

AUG 0 2 2011

EXAMINER

COVER LETTER

TO: Registration So Division of Co						
SUBJECT:	ea Lanch (Name of Limite	Donuts ed Liability Comp				
The enclosed member filing.	, managing member or n	nanager resigna	ation and fee(s) are sub	mitted	for	
Please return all corre	spondence concerning th	is matter to:				
Michael	(Contact Person)					
	(Contact Person) Donut U (Firm/Company)			SEUWETAR	11 AUG	
Ft Landerd	(Address) (a) C F J (y/State and Zip Code)			Y OF STATE EE, FLORIDA	PH ID 97	
	n concerning this matter. Koraghia		766 - 372 Daytime Telephone Nu	mber)		
	check made payable to Filing Fee		partment of State for: 5 Filing Fee & Certified Copy			
STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center	ns	R D P	AAILING ADDRESS tegistration Section Division of Corporation O. Box 6327 fallahassee. Florida 323	ıs		

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:	e limited liability com Sea Rach	pany as it app	ears on the records o	of the Florida Depar	tment
2. This limited lial	oility company was or	ganized unde	r the laws of:		
	ument/registration nu	mber of this l	imited liability comp	any is:	
4. I, M. ch.	Name of Person Resigning	<u>,</u>	hereby resign as a	Marcy 129 (Print Title)	Menher
	bility company and at				
Milule	Nufar	_		11 AUI SEGNE SALLAN	pulson, 1 hand di
Signature of Res	igning Member, Mana	iging Membe	r or Manager	LYASSEY!	and the same
	\$25.00 (Required)			FLOS TA	
Certified Copy:	\$30.00 (Optional)				