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TALLAHASSEE, FLORIDA

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T. CLINE

JUL 20 2010

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Clain Hernande Z (Name of Limited Lie	bility Company)
The enclosed member, managing member or mana filing.	ger resignation and fee(s) are submitted for
Please return all correspondence concerning this m	
alain J. Hernandez (Contact Person)	<del></del>
alain Hernandez LLC	JALI TALI
3531 E. Glencoe St	AHASSEE
Miami, 77. 33/33 (City/State and Zip Code)	PME: 39 OF STATE EFLORIDA
For further information concerning this matter, ple	ase call:
Main Hernandez at (A) (Name of Contact Person) - (A)	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the l \$25 Filing Fee	Florida Department of State for:  \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301



## 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 Flor of State is:	ida Depa	ertment	
2. This limited liability company was organized under the laws of:	SECRETAR'	到 加 19	12.
3. The Florida document/registration number of this limited liability company is:  LICOCOLOGIAL  4. I, Misco Stewart , hereby resign as a MM	Y OF STATE EE, FLORIDA	PH 心: 38	1
(Print Name of Person Resigning)  of this limited liability company and affirm the limited liability company has been resignation in writing.	nt Title) notified	of my	
Signature of Resigning Member, Managing Member or Manager	-45T	*[- • <u>u</u> .	-
Filing Fee: \$25.00 (Required)	:		

Certified Copy:

\$30.00 (Optional)