1000000000140

	(Requestor's Name)				
(Address)					
	(Address)				
	(City/State/Zip/Phone #)				
	P WAIT MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				

Special Instructions to Filing Officer:

L. SELLERS

OCT 2 9 2010

EXAMINER

Office Use Only



500187079895

10/28/10--01017--006 **25.00

SECRETARY OF STATE

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: Therwationa / imber (Name of Limited Liability Company)	- Manage ment LCC
The enclosed member, managing member or manager resignation filing.	n and fee(s) are submitted for
Please return all correspondence concerning this matter to: Contact Person Caw Services P.A.	
(Firm/Company)	
3126 Coval Way	
Miami FL 33/45 (City/State and Zip Code)	
For further information concerning this matter, please call:	
	5/9-558/ aytime Telephone Number)
	rtment of State for: Filing Fee & ertified Copy
Registration Section Reg	AILING ADDRESS: gistration Section gistron of Corporations

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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 lim of State is:	nited liability company as it	appears on the records of	f the Florida Department Mawagemens
2. This limited liability	y company was organized u	nder the laws of:	
<u>L 10000</u> 4.1, <u>Marce (c</u>	ent/registration number of the Superior A. Vollero	nis limited liability compa , hereby resign as a	
of this limited liabilit resignation in writing	ty company and affirm the l g. Mg Ing Member, Managing Mer		(Rrigh Title) has been notified of my
_	\$25.00 (Required) \$30.00 (Optional)		مند ن

CR2E079 (5/06)

PILED

10 OCT 28 PM 3:59

SECRETARY OF STATE