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(Requestor's Name)					
(Address)					
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(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
(2000)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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SECRETAIN OF STATE
SECRETAIN OF STATE
AND AND SEEF, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: (Name of Limited Liability Company)					
The enclosed Articles of Dissolution and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
ALICE (ASOIIG) (Name of Person)					
(Firm/Company)					
(Hfm/Company)					
301 SETTERSON AU #9B					
(Address)					
MIAMI, FZ 33139 (City/State and Zip Code)					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
ALICE ASOITO at (305) 766 9796 (Name of Person) (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$\ \text{Certificate of Status} \$\$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \$\$\$Certified Copy (additional copy is enclosed)					
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MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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



FILED 10 SEP 20 PM 2: 50 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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:	limited liability company as it appear	ars on the records of the Florida D	epartment
	oility company was organized under t	he laws of:	
	ument/registration number of this lim	nited liability company is:	
	ame of Person Resigning)	ereby resign as a HAVAG1NG- (Print Title	יי י
of this limited fial resignation in wr	bility company and affirm the limited iting.	d liability company has been notif	ied of my
Bignapure of Resi	igning Member, Managing Member of	or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		