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Office Use Only



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12 APR-17 PM 1: 48
SEGRETARY OF STATE

C. LEWIS

APR 18,2012

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: ENERCHIC (Name of Limited Liability (Company)
The enclosed member, managing member or manager re filing.	signation and fee(s) are submitted for
Please return all correspondence concerning this matter to	to:
GERARDO MAZZA (Contact Person) ENERCHIC LLC (69 E FLAGER ST. #6 (Firm/Company)	7.7
(Address)	
(City/State and Zip Code)	
For further information concerning this matter, please ca	II:
(Name of Contact Person) at (Area Co	de & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$25 Filing Fee	a Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FILED 12 APR 17 PM 1: 48

SECRETARY OF STATE TALLAHASSEE, FLORIDA

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	mited liability company as it appears on the recor	ds of the Florida Department
2. This limited liabili	ty company was organized under the laws of:	
<u> 700</u>	RIDA.	
	nent/registration number of this limited liability coco 69287	ompany is:
	ASOTO, hereby resign as ne of Person Resigning)	•
of this limited liabi resignation in writi	lity company and affirm the limited liability company.	pany has been notified of my
Signature of Resign	ning Member, Managing Member or Manager	\ \ \
Filing Fee:	\$25.00 (Required)	\
Certified Copy:	\$30.00 (Optional)	`.