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SECRETARY OF STATE

J. SAULSBERRY EXAMINER JUN 15 2011

COVER LETTER

Division of Corporations			
SUBJECT: Florida Iron and Lace, L	LC .		
(Name of Limit	ted Liability Company)		
The enclosed member, managing member or r filing.	manager resignation and fee(s) are submitted	for	
Please return all correspondence concerning the	this matter to:		
Michael A. Waldman			
(Contact Person)	The state of the s		
	JAEL JAEL	.2011	
(Firm/Company)	AHA:	LUNIS AM 8	
314 Benson St.	SSE SSEE	ယ် [
(Address)			
Valrico, Fl. 33594	TATE. ORIDA	2011 JUN 13 AM 8: 36	
(City/State and Zip Code)			
For further information concerning this matter	er, please call:		
Michael A. Waldman	at (813) 245-6258		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to \$25 Filing Fee	o the Florida Department of State for: \$55 Filing Fee & Certified Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	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

	limited liability company as it		he Florida D)epartm	nent
of State is: Flo	rida Iron and Lace, LL0		Ä;	2011	
	ility company was organized u		LLAHASSEE, FLO	JUN 13 AF	
3. The Florida doce LI0000075	ument/registration number of the 912	nis limited liability compan	STALE LORIDA y is:	8: 36	
4. I, Michael A	Waldman	, hereby resign as a Ma	naging N	Иеmb	er
(Print N	ame of Person Resigning)		(Print Title	3)	
of this limited lia resignation in wr	bility company and affirm the liting.	limited liability company ha	as been noti	fied of	my
Signature of Resi	gning Member, Managing Me	mber or Manager			
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				