## 4000093902

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
L. SELLERS MAY 11 2011						
EXAMINER						

Office Use Only



300207071853

05/06/11--01048--012 \*\*50.00

FILED

11 MAY -6 PM 12: 47

SECRETARY OF STATE



## 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: Lou	limited liability company as ivar, LLC	t appears on the records	of the Flo	orida De	epartr	nent 	
2. This limited liab The State of	ility company was organized to find the first section of Florida	under the laws of:					
3. The Florida docu L10000093	ment/registration number of t	his limited liability com	ıpany is:				
4. 1, Carla Salazar (Print Name of Person Resigning)		, hereby resign as a	, hereby resign as a Mbr (Print Title)				
of this limited liab resignation in wri	pility company and affirm the			n notifi	ed of	my	
Signature of Resi	gning Member, Managing Me	ember or Manager					
	\$25.00 (Required)	ű					
	\$30.00 (Optional)			SECR TAULA	<b>=</b>	*AND PARTY	

CR2E079 (5/06)