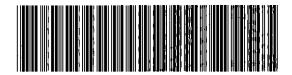
# L10000122819

(Requestor's Name)				
	<del>,,,</del>			
(Address)				
(Address)				
(* 10	idioso)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
· (Cv	ocument Number)			
(20	ocument (vaniser)			
Certified Copies	Certificates	Certificates of Status		
Special Instructions to Filing Officer:				

Office Use Only



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C. LEWIS

DEC 8 2010

EXAMINER

#### **COVER LETTER**

Registration Section

. Division of Corporations	
SUBJECT: Stangeria, LLC	
	ed Liability Company)
The enclosed member, managing member or r filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning the	nis matter to:
Daniel Ward	
(Contact Person)	
Stangeria, LLC	
(Firm/Company)	
P.O. Box 269	
(Address)	
Sharpes, FL 32959	
(City/State and Zip Code)	
For further information concerning this matter	r, please call:
Daniel Ward	at ( 321 ) 600-0988
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	the Florida Department of State for:
\$25 Filing Fee	\$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 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



### FILED

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GECHETARY DE STATE TALLAHASSEE, FLORIDA

#### 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 ngeria, LLC	it appears on the record	s of the Florida Department
2. This limited liab	ility company was organized	under the laws of:	
3. The Florida docu L10000122	ument/registration number of	this limited liability con	mpany is:
4. I, Karina A. (Print N	Ward  ame of Person Resigning)	, hereby resign as a	Managing Member (Print Title)
of this limited lia resignation in wr	bility company and affirm the	limited liability compa	any has been notified of my
Signature of Resi	Managing Member, Managing M	ember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		