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D. BRUCE

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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FAME FINANCE COMPANY, LLC (Name of Limited Liability Com	
The enclosed member, managing member or manager resig filing.	nation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
JALALI NAEINI MEHRDAD	
(Contact Person)	- CURETAF LLAHASS
(Firm/Company)	SEE. I
4332 S KIRKMAN RD. APT# 1001	CON STATE OF
(Address)	Tie ADA
ORLANDO, FL 32811 (City/State and Zip Code)	-
For further information concerning this matter, please call:	
GEORGE C DAHL (Name of Contact Person) (A rea Code	309-0367 & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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

1. The name of the of State is: FAI	limited liability company as it a	ippears on the records of	f the Florida Department
2. This limited liab FLORIDA	ility company was organized ur	der the laws of:	
3. The Florida docu L10000129	ument/registration number of th	is limited liability compa 	any is:
4 T KHOSSRO	OPOOR, FATEMEH	heroby recian as a N	/IGMR
4. 1, (Print N	ame of Person Resigning)	_, hereby resign as a	(Print Title)
	oility company and affirm the Ji	mited liability company	has been notified of my
Signature of Resi	gning Member, Managing Men	iber or Manager	11 OC
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		113 FH Z 30 TARY OF STATE ASSEEL FLORIDA

CR2E079 (5/06)