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(Address)				
(Cit	ty/State/Zip/Phone	e #)	_	
PICK-UP	WAIT	MAIL		
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. (Bu	isiness Entity Nam	ne)	_	
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(Do	cument Number)			
Certified Copies	_ Certificates	of Status	_	
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Special Instructions to	Filing Officer:		١	
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Office Use Only



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J. SAULSBERRY EXAMINER SEP 0 1 2011

## **COVER LETTER**

Division of Corporations		
SUBJECT: CELLULAR CITY OF SOUTH (Name of Limited Liability)		
The enclosed member, managing member or manager filing.	resignation and fee(s) are submitted for	
Please return all correspondence concerning this matter	er to:	
Jack Short		
(Contact Person)		
RLS Capital, LLC	7 <sub>6</sub> 2	
(Firm/Company)	L'EGR	
2750 N.E. 185th Street, Suite 201	SECRETAR) ALLAHASSI	
(Address)	 3.33 8	
Aventura, FL 33180	AM 8: 25 (OF STATE EE, FLORID)	
(City/State and Zip Code)		
For further information concerning this matter, please	call:	
at (	54 <u>318-1000</u>	
(Name of Contact Person) (Area	Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Flor \$25 Filing Fee	rida Department of State for:	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

TO: Registration Section



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

		t appears on the records of the Florida Department UTH FLORIDA, LLC	
2. This limited liabi	lity company was organized	under the laws of:	
3. The Florida docu L10000131	<del>-</del>	this limited liability company is:	
•	ame of Person Resigning)  willity company and affirm the	, hereby resign as a Manager-Member (Print Title)  limited liability company has been notified of my	
Signature of Resignature of Resignat	spring Member, Managing M \$25.00 (Required) \$30.00 (Optional)	SECRETARY OF STANLAHASSEE, FLO	