L10000131268

| (Requestor's Name) |
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| |
| (Address) |
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| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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T. CLINE

APR 1 1 2011

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|--------------------------|
| SUBJECT: VECAS FLYTRAP. COA (Name of Limited Liability Company) | A LLC |
| The enclosed member, managing member or manager resignation and filing. | fee(s) are submitted for |
| Please return all correspondence concerning this matter to: | |
| (Contact Person) | |
| (Firm/Company) | |
| 11466 Summit Runct. | 2011 SEC TALL |
| PARRISH FL 34219 (City/State and Zip Code) | FR-8 RETARY OAHASSEE |
| For further information concerning this matter, please call: | E.F.LOR |
| (Name of Contact Person) at (941) 0 X6 (Area Code & Daytime 7 | 5-87a} ^{FM} = |
| Enclosed please find a check made payable to the Florida Department of \$25 Filing Fee S55 Filing Fee Certified | ee & |
| Registration SectionRegistrationDivision of CorporationsDivision ofClifton BuildingP.O. Box 60 | f Corporations |

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

| | e limited liability company | | | a Department |
|---------------------|-----------------------------|---------------------------|---------------------|---------------------|
| of State is: | VEGASFLI | JTRAP. COM | LLC | |
| | | , , , , | | |
| 2 7 1 1 1 1 1 1 1 1 | . •••• | | 6 | |
| | bility company was organ | ized under the laws of | i: | |
| F_L | GRIPA | | | |
| | | | | |
| 2 77 12 1 1 | ., | 0.1 * 1* * 1.1 1.11 | | |
| | cument/registration number | er of this limited liabil | ity company is: | |
| <u></u> | 0003131868 | <u> </u> | | |
| | | | | |
| 4.1. JUNATH | un Hewith | . hereby resig | on as a MANAGI | ns |
| (Print l | Name of Person Resigning) | , | (Print T | ns Title) MEMBER |
| of this limited lia | ability company and affirm | n the limited liability | company has been no | officed of my |
| resignation in wi | riting | 7 | | |
| | | | | AHA AHA |
| | | | | AS AS |
| | | | _ | % & [|
| Signature of Res | igning Member, Managin | g Member or Manage | r | |
| | | | 1 | FSTATI |
| | | | | <u> </u> |
| Filing Fee: | \$25.00 (Required) | | 5 | 0 0 |
| Certified Copy: | \$30.00 (Optional) | | | |