L11000002818

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(Address)		
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COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: DEAR SEM LLC	
(Name of Limit	ed Liability Company)
The enclosed member, managing member or rafiling.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning the	his matter to:
Uri Segev	
(Contact Person)	
(Firm/Company)	
3332 NE 190 St #1010	
(Address)	
Aventura, FL 33180	4,8 1 20
(City/State and Zip Code)	
For further information concerning this matter	r, please call:
Uri Segev	_{at (} 786 ₎ 228-9814
(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 &
<u>. </u>	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)



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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 it appe AR SEM LLC	ars on the records of the Florida Department
2. This limited liab	pility company was organized under	the laws of:
3. The Florida doc L1100000	ument/registration number of this lir	nited liability company is:
_{4.X.} U-Val Man	agement & Promotion LLC, h	ereby resign as a MGRM
(Print)	Vame of Person Resigning)	(Print Title)
of this limited lia resignation in wi		d liability company has been notified of my
11 /		
Signature of Res	igning Member, Managing Member	or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	