## L11000007381

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
, ,			
(Document Number)			
(			
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C. LEWIS

APR 1 8 2011

EXAMINER

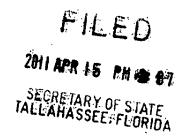
## **COVER LETTER**

Division of Corporations		
SUBJECT: TUTU & SPIC (Name of Limited	Liability Company)	
The enclosed member, mainaging member or mafiling.	anager resignation and fee(s) are submitted for	
Please return all correspondence concerning this	s matter to:	
Paola Vargas (Contact Person)		
(Contact Person)		
(Firm/Company)	<u> </u>	
950 Brickell Bay Dr # 1	406	
Mami h 33131 (City/State and Zip Code)		
For further information concerning this matter, J	please call:	
Paola Vavgas at (Name of Contact Person)	(186) 8775013 (Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the \$25 Filing Fee	se Florida Department of State for:  \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	

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 as i		of the Florida Department
2. This limited liab	oility company was organized	under the laws of:	
	ument/registration number of 00738 I	this limited liability com	pany is:
4. 1, <u>Pao Co</u>	Varous Name of Person Resigning)	, hereby resign as a _	M6 L (Print Title)
of this limited lia resignation in wr	bility company and affirm the riting.	limited liability compan	y has been notified of my
A	ada Vargas		
Signature of Res	igning Member, Madaging Me	ember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		