L11000010319

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	· · ·
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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2012 JUN 20 PM 3: 46
SECRETARY OF STATE

J. BRYAN

JUN 29 2012

EXAMINER

COVER LETTER

TO: Registration Section	,		
Division of Corporations			
SUBJECT: Name of Limited	reductions LLC Liability Company)		
The enclosed member, managing member or ma filing.	anager resignation and fee(s) are submitted for		
Please return all correspondence concerning this	s matter to:		
Terry Khades	2012 J SECTIALLI		
Me Joy Reducted	SECRETARY OF TALLAHASSEE.F		
5683 Smmer 6	Sde an 3:45		
Sha, Fla 3423 (City/State and Zip Code)			
For further information concerning this matter,	please call:		
(Name of Contact Person)	941 5360-6761		
Enclosed please find a check made payable to the			
\$25 Filing Fee	\$55 Filing Fee & 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		

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

1. The name of the of State is:	Mited liability company as	i) appears on the records of	f the Florida Do	epartment .	
2. This limited liabi	lity company was organized	l under the laws of:			
4. I, J. M. (Print No.	ment/registration number of Wie Seame of Person Resigning)	, hereby resign as a	120-10e (Print Title)	t m	uagug ember
resignation in wri	flity company and affirm the ting. The state of the stat			ied of my	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		(m) co		