11000011763

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



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SECRETARY OF STATE
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J. SAULSBERRY EXAMINER

NOV 0 7 2011

COVER LETTER

Please remove my name from Pasha at Yellow Bluff LLC **SUBJECT:** (Name of Corporation) L11000011763 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Fareed Ahmad Ahmady (Name of Person) (Name of Firm/Company) 1706 Art Museum Dr. Apt. H-13 (Address) Jacksonville, FL 32207 (City/State and Zip Code) For further information concerning this matter, please call: Fareed Ahmady (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

Amendment Section

Post Office Box 6327

Tallahassee, FL 32314

Division of Corporations

CR2E044(08/05)

Street Address:

Clifton Building

Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

TO:

Amendment Section Division of Corporations



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 appears		ida Depa	rtment 	
2. This limited liab	ility company was organized under t	the laws of:			
	ument/registration number of this lin	nited liability company is:			
	Ahmad Ahmady, ho				
resignation in wr	bility company and affirm the limited	a naonny company nas been	notified SEC	~ 1	
Signature of Res	gning Member, Managing Member	or Manager	RETARY O	1- AON 110	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		FSTATE FLORIDA	AM 9: 37	(T)

CR2E079 (5/06)