411000017680

(Requestor's Name)			
(Address)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
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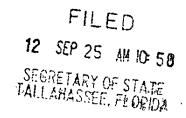
SECRETARY OF STATE
ALL MARKSHE FROMMA

COVER LETTER

Division of Corporations	
SUBJECT: INEDIT GOURMET LLC (Name of Limited Liabi	lity Company)
The enclosed member, managing member or manage filing.	er resignation and fee(s) are submitted for
Please return all correspondence concerning this mat	ter to:
JOSE MARMOL	
(Contact Person)	
INEDIT GOURMET LLC (Firm/Company)	
12100 SW 132 CT (Urid 116) (Address)	
MIAMI, FL 33186 (City/State and Zip Code)	
For further information concerning this matter, pleas	se call:
JOSE MARMOL at (_3	
(Name of Contact Person) (Arc	a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the FI	orida Department of State for:
\$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
Tallahassee, Florida 32301	

CR2E079 (5/06)





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 DIT GOURMET LLC	it appears on the records of the Florida Department
2. This limited liab	oility company was organized	under the laws of:
3. The Florida doc <u>L1100001768</u>		this limited liability company is:
4. I, <u>CLAUDIA TR</u> (Print N	OCONIS Jame of Person Resigning)	, hereby resign as a MANAGER MEMBER (Print Title)
of this limited lia resignation in wr		e limited liability company has been notified of my
<u>Claudia</u>	rownif-	
Signature of Resi	gning Member, Managing M	ember or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	