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<u>.</u>				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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01/17/12--01065--004 **25.00

J. SAULSBERRY **EXAMINER**

JAN 18 2012

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: UNITED CREATIVE GRO	OUP, LLC	
(Name of Limited	Liability Company)	
The enclosed member, managing member or ma filing.	nager resignation and fee(s) are submitted for	
Please return all correspondence concerning this	matter to:	
AVSHALOM YEHEZKIEL		
(Contact Person)		
	2012 JAN 17 SECRETARY ALLAHASSI	
UNITED CREATIVE GROUP, LLC	2 J/ LAI	*****
(Firm/Company)	A A	Mark Hotel
	NY SSE	
383 NE 2ND AVE		1
(Address)	AM 8: 23 OF STATE OF LORID	(
	PAI *2	
HALLANDALE, FL 33009	Σ ω	
(City/State and Zip Code)		
For further information concerning this matter, p	please call:	
AVSHALOM YEHEZKIEL at	954 965-4447	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the \$\sqrt{}\$	e Florida Department of State for: \$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 ITED CREATIVE GR	= = = ·	of the Florida Depar	tment ·
2. This limited liab FLORIDA	ility company was organized	under the laws of:		
3. The Florida docu 	nment/registration number of	this limited liability con	npany is:	
_{4. I,} ZRIHEN, N	MICHAEL	herehy resign as a	MANAGER	
	ame of Person Resigning)	, hereby resign as a	(Print Title)	
of this limited lial resignation in wr	pility company and affirm the ting.	: limited liability compar		
2	gning Member, Managing M \$25.00 (Required) \$30.00 (Optional)	ember or Manager	SECRETARY OF STATE	