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SECRETARY OF STATE
AFT AHASSEE. FLORID.

J. BRYAN

MAY 17 2011

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: BONNANI CONSULTING	
(Name of Limited	Liability Company)
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
PETER C. HESSE	
(Contact Person)	
BONNANI CONSULTING, LLC	TASE 1
(Firm/Company)	ARE AN
10211 PINES BLVD - SUITE 166	HAY 16 PH 4: 28 ECRETARY OF STATI
(Address)	70
PEMBROKE PINES, FLORIDA 330	026 PATE 23
(City/State and Zip Code)	,
For further information concerning this matter,	please call:
PETER HESSE at	954 554-6139
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	ne 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 32301	Tallahassee, Florida 32314

CR2E079 (5/06)

TO: Registration Section



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 NNANI CONSULTING		s of the Florida Department
2. This limited liab	ility company was organized	under the laws of:	
3. The Florida docu 	ment/registration number of	this limited liability cor	npany is:
*	ESSE ame of Person Resigning) pility company and affirm the		MANAGER/MEMBER (Print Title) any has been notified of my
	ting. Let		SECT ALL!
	\$25.00 (Required) \$30.00 (Optional)		HAY 16 PH 4: 23 CRETARY OF STATE LAHASSEE. FLORIE