## L110000052834

(Po	acceptor's Name)				
(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	<del> </del>			
_					
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates o	of Status			
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Special Instructions to Filing Officer:

A. LUNT

MAY 20 2010

**EXAMINER** 

Office Use Only



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## COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: DAMEAS, LLC				
(Name of Limited Liability Company)				
The enclosed member, managing member or manager resigning.	gnation and fee(s) are submitted for			
Please return all correspondence concerning this matter to	. 20			
Raquel Cabarcas	ZOLIMAY TO			
(Contact Person)				
Serber & Associates P.A.	me p			
(Firm/Company)				
2875 NE 191 St., Turnberry Pl., Ste. 801				
(Address)				
Aventura, FL 33180				
(City/State and Zip Code)	_			
For further information concerning this matter, please call:				
Raquel Cabarcas at ( 305	, 932-6262			
	e & Daytime Telephone Number)			
Enclosed please find a check made payable to the Florida I  \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  CR2E079 (5/06)	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 3231			



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1 71	1. 17 S 1 P 1 PV		STATE OF THE PARTY
	he limited liability company as ameas LLC	it appears on the records of	of the Florida Department
of State is:	ameas LLO	<del> </del>	
2. This limited li Florida	ability company was organized	under the laws of:	
3. The Florida do L110000	ocument/registration number of 52834	this limited liability comp	oany is:
<sub>4. I,</sub> Dayana <i>i</i>	· · · · · · · · · · · · · · · · · · ·	, hereby resign as a N	Manager
(Prin	t Name of Person Resigning)		(Print Title)
of this limited l resignation in v	liability company and affirm the writing.	e limited liability company	has been notified of my
Db	amora.		
Signature of Re	esigning Member, Managing M	lember or Manager	
Filing Fee:	\$25.00 (Required)		

Filing Fee: Certified Copy:

\$30.00 (Optional)