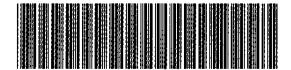
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<i>?</i>					
(Requestor's Name)					
(Address)					
(Address)					
(1441000)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
L. SELLERS MAY 2.4 2011					
EXAMINER					

Office Use Only



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SECRETARY OF STATE
ACLAHASSEE FI OBIG

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Y & I Group LLC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Yolene M. Felix-Roldan (Contact Person)
Y & I Croup LLC (Firm/Company)
3553 Wiles Rd. Apt 308 (Address)
Coconut Creek, FL 33073 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) Yolene M. Telix Roldan at (954) 245-8/19 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301



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			epartment
	lity company was organized			
	ment/registration number of	•	y company is:	
	oro Rodan ame of Person Resigning) pility company and affirm the			
resignation in write		, minicu natincy ec	mpany nas seen noun	ca or my
Signature of Resig	gning Member, Managing M	ember or Manager	•	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		TAEC	=

CR2E079 (5/06)

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SEGRETARY OF STATE