## 11000000515

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: LongPoint Environmental Training (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted filing.
Please return all correspondence concerning this matter to:
Alberto V. Diaz (Contact Person)
Lons Point Environmental Training LLC (Firm/Company)
5011 W. Hillsborough Ave, Suite K
THMPA FZ 33634 (City/State and Zip Code)
For further information concerning this matter, please call:
Albento U. Diaz at (713) 444-7335 (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 2661 Executive Center Circle  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Tallahassee, Florida 32301

CR2E079 (5/06)

Tallahassee, Florida 32314



## 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 in a Point Environ		
	ility company was organized of Florida	under the laws of:	·
	ument/registration number of	this limited liability cor	npany is:
4. 1, <i>Osvald</i> Prini N	ame of Person Resigning)	, hereby resign as a	Managing Member
of this limited lial resignation in wr	bility company and affirm the iting.	limited liability compa	ny has been notified of my
Filing Fee:	gning Member, Managing M \$25.00 (Required) \$30.00 (Optional)	ember or Manager	12 AUG 22 AM SECKETARY OF TALLAHASSEEL
			STATE