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SEP 11 2013 J. BRYAN

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Work Masters Sonset 11C
(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:

Gerardo Guarino (Contact Person)					
(Firm/Company)					
(rimi/Company)					
88 33 No 63rd St. #107					
(Address)					
Mia – 77 33166 (City/State and Zip Code)					

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For further information concerning this matter, please call:

Gerardo Guarino at (305) 3017685.

(Name of Contact Person) (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
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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 OK MOSTES			tment
2. This limited liabi	lity company was organized	i under the laws of:		
3. The Florida docu	ment/registration number o	f this limited liability con	mpany is:	
4. I, <u>Gerara</u> (Print No	ame of Person Resigning)	, hereby resign as a	MGRM (Print Title)	
of this limited liab resignation in wri	oility company and affirm the	Elimited liability compa		
Signature of Resi	gning Member, Managing N	Member or Manager	2013 SEP SECHER WILL ARA	7
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		10 PM 1:48	()