L11000093841

| (Requestor's Name) | | | | |
|---|----------------|-----------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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B. BOSTICK
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EXAMINER

COVER LETTER

Tallahassee, Florida 32301

CR2E079 (5/06)

| TO: Registration Section | | |
|--|---|--|
| Division of Corporations | | |
| SUBJECT: Atira Danu, LLC. | | |
| (Name of Limite | d Liability Company) | |
| The enclosed member, managing member or mfiling. | nanager resignation and fee(s) are submitted fo | |
| Please return all correspondence concerning th | is matter to: | |
| Dr. Joachim Mensing | | |
| (Contact Person) | | |
| Atira Danu, LLC. | TAC S | |
| (Firm/Company) | | |
| 5001 Collins Avenue, PH-3 | 71 - 72 - 73 - 73 - 73 - 73 - 73 - 73 - 73 | |
| (Address) | | |
| Miami Beach, FL 33140 | LORIG | |
| (City/State and Zip Code) | | |
| For further information concerning this matter, | please call: | |
| Dr. Joachim Mensing | , 305 ₎ 903-2605 | |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) | |
| Enclosed please find a check made payable to t \$25 Filing Fee | he Florida Department of State for: | |
| Jas i milig i ee | Certified Copy | |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: | |
| Registration Section Division of Corporations | Registration Section | |
| Clifton Building | Division of Corporations P.O. Box 6327 | |
| 2661 Executive Center Circle | Tallahassee, Florida 32314 | |



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

| | e limited liability company as ra Danu, LLC | it appears on the records of | the Florida Department |
|--------------------------------|--|--------------------------------|-------------------------|
| 2. This limited lia Florida | bility company was organized | l under the laws of: | |
| 3. The Florida doc L1100009 | sument/registration number of 3841 | this limited liability compar | ny is: |
| _{4. I,} Christoph | er J. Donnelly Name of Person Resigning) | , hereby resign as a M | anager |
| (Print) | Name of Person Resigning) | , , , . | (Print Title) |
| resignation in w | | | nas been notified of my |
| Christi | Johen J. Don | nelly | |
| Signature of Res | igning Member, Managing M | lembe f or M anager | == |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | ALLAN OV -9 PA TONE |
| | | | |

CR2E079 (5/06)