#1/10000977219

(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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TALLAHASSEE, FLORDA

K.BALY EXAMINER NOV 16 2011

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Yoga Girls by Al (Name of Limited Link	Dility Company)
The enclosed member, managing member or managiling.	er resignation and fee(s) are submitted for
Please return all correspondence concerning this ma	atter to:
To Anne Garage (Contact Person)	
10ga Girls (Firm/Company)	
1606 Almond Ave	
Orlando, FL 32811 (City/State and Zip Code)	
For further information concerning this matter, please	se call:
To Anne Govense at (4) (Name of Contact Person) (Are	ea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Fl \$25 Filing Fee	orida 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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



FILED

11 NOV 9 PM 3: 05

SECREJARY OF STATE
TALLAHASSEE, FLORIDA

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 it appears on the records of the Florida Department
2. This limited liab	ility company was organized under the laws of:
FL	
	ument/registration number of this limited liability company is:
4. I, <u>Deva R</u> Print N	hereby resign as a MCRM (Print Title)
of this limited lial resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of Resi	grung Member, Managing Member or Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)

CR2E079 (5/06)