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(Requestor's Name)		
•		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Etcetera Romotions LLC (Name of Limited Liability Company)		
The enclosed member, managing member or manag filing.	er resignation and fee(s) are submitted for	
Please return all correspondence concerning this ma	itter to:	
Douglas Litrides		
(Contact Person)		
(Firm/Company)		
00 / // 1/10/ 15 // 1		
8064 NW 124 ter (Address)		
Parkland, FL 33076 (City/State and Zip Code)	<u></u>	
For further information concerning this matter, plea	se call:	
(City/State and Zip Code) For further information concerning this matter, plea Doug	rea Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the <u>F</u> \$25 Filing Fee	lorida Department of State for: \$\sigma\$ \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS:	⊠MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations P.O. Box 6327	
Clifton Building	Tallahassee Florida 32314	

Tallahassee, Florida 32301

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it apports of State is: Efcetera F	pears on the records of the Florida Department
2. This limited liability company was organized under the ride R	er the laws of:
3. The Florida document/registration number of this L 11000108573	limited liability company is:
4. I, Doug Litrides (Print Name of Person Resigning)	, hereby resign as a Manager (MGR) (Print Title)
of this limited liability company and affirm the lim resignation in writing.	ited liability company has been notified of my
Douglas Struker	er or Manager
Signature of Resigning Member, Managing Memb	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	AMIL 27 OF STATE C. FLORID