*///00/33394

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cir	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
		1

Office Use Only



700247750107

05/14/13--01006--019 **25.00

13 MAY IL PH 2: 32 SECRETARY OF STATE TALLAHASSEE, FLORIDA

K.SALY EXAMINER MAY 16 2013

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Durst Handel LLC

(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:

Heike Busby

(Contact Person)

Allure Accounting Inc.

(Firm/Company)

3665 Bonita Beach Rd, Ste.1-3

(Address)

Bonita Springs, FL 34134

(City/State and Zip Code)

For further information concerning this matter, please call:

Marena Loeffler

_{at} (239)

992-3355

(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

□ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

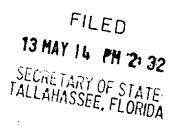
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

CR2E079 (5/06)





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 ap of State is: Durst Handel, LLC	opears on the records of the Florida Department
2. This limited liability company was organized und Florida	ler the laws of:
3. The Florida document/registration number of this L11000133394	limited liability company is:
4. I, Andreas Hiby-Durst (Print Name of Person Resigning)	, hereby resign as a Managing Member (Print Title)
of this limited liability company and affirm the lim resignation in writing.	nited liability company has been notified of my
Signature of Resigning Member, Managing Memb	per or Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	