12000000747

(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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B. BOSTICK
MAR 1 5 2012
EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations											
SUBJ	ECT:	DIXIE	POMPA	NO WIF	RELE	ESS L	.LC					
БСВ	(Name of Limited Liability Company)											
The enfiling.		l member	; managing	member o	r mana	ager resi	ign	ation a	nd fee(s	s) are	submitte	ed for
Please	return	all corre	spondence o	concerning	this n	natter to) :					
OTH	IMAN	SUQI										
			(Contact Perso	n)								
			(Firm/Compan	y)							Z¢	12
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OTH	IMAN	SUQI			at (_	973)	864-	0103			
	(N	ame of Co	ntact Person)	(7	rea Cod	ie &	ک Daytin	ne Telep	phone	Number)	•
Enclos	sed ple		check mad Filing Fee	e payable	to the	Florida		5 Filin		ک	or:	
Regist Divisi Cliftor 2661 I	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301					F	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 of State is: DIX	limited liability company as	it appears on the record	s of the Florida Department						
2. This limited liab	ility company was organized	under the laws of:							
3. The Florida doct L1200000	ument/registration number of	this limited liability con	mpany is:						
4. I, IMRAN RA	ASHID	hereby resign as a	, hereby resign as a MANAGER						
	ame of Person Resigning)	, nereby resign as a	(Print Title)						
resignation in wr	~ roll		any has been notified of my						
Signature of Resi	gning Member, Managing M	lember or Manager							
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		T2 MAR IN ANTHER						