## 1200002506

(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:				

Office Use Only

G. MCLEOD

EXAMINER



200225133502

04/04/12--01013--022 \*\*25.00

12 APR -4 AM IO: 38



## 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:	limited liability company as it appay Professiona 1	pears on the records of	the Florida Departme	nt 
2. This limited liab	ility company was organized unde	er the laws of:		
	ment/registration number of this	limited liability compa	ny is:	
4.1, Dalesh	a LiSenby  Jame of Person Resigning)	, hereby resign as a <u></u>	Manager (Print Title)	-
of this limited lia resignation in wr	bility company and affirm the limiting.	ited liability company l	has been notified of m	ı <b>y</b>
Daleha Signature of Resi	Rouby gning Member, Managing Memb	er or Manager	4.5	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		12 APR -4 AM	
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