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(Re	equestor's Name)	
(Ad	dress)	
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12 MAY 18 PM E: 50

D. BRUCE
MAY 2 1 2012
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: United Starking Miance, 210
(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:

Jusqueline Roque de Escubar (Contact Person)
(Contact Person)
United Striking Officere, LLC
(Firm/Company)
9900 Stirling 12d # 303 (Address)
(Address)
Cooper City of 33024 (City/State and Zip Code)
(City/State and Zip Code)

12 MAY 18 PH 12: 50
TALLAHASSEF F STATE

For further information concerning this matter, please call:

JOC901	line 1	RUGUP	de	School	305	970-4418	
7	(Name of	Contact Pers	on)		(Area Code	& Daytime Telephone Number)	

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee \$\forall \cdot \forall \text{\$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 li	mited liability company as it appears on the records of the Florida Department Ailed Shiking Chance, 22C
2. This limited liabil <i>Florida Seg</i>	ty company was organized under the laws of: portroont of State - Livision of Coeporations
	ent/registration number of this limited liability company is:
	Berow 12, hereby resign as a(Print Title) E
resignation in writing	
Signature of Resig	ing Member, Managing Member or Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)