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EXAMINER

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: UL ORLANDO DEPL COT	PATE LINEST PONTS, LUCJ
The enclosed member, managing member or manager resign filing.	nation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
(Contact Person)	
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(Contact Person) L'AVSON ACCOUNTING & CONSUMING (Firm/Company)	Senices, W.C.
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ORLANDO, FE 32819 (City/State and Zip Code)	
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(Name of Contact Person) at (Area Code &	3703686 & Daytime Telephone Number)
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	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
•	P.O. Box 6327 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

	limited liability company as i				
2. This limited liabi	lity company was organized i	under the laws of:			
3. The Florida docu 12000 4. 1, So (Print No of this limited liab resignation in wri	ment/registration number of to 14984 White Carlos (Carlos) White of Person Resigning) illity company and affirm the	hereby resign as a limited liability compan	MGRM Printfult	/ '	ny
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				