L12000024702

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
}			

Office Use Only



100245316661

03/07/13---01014--008 **25.00

Stude Harrie Living Olympia To Annu 12 MAR - 7 AN III: 34

MAR - 8 2010 TO 100 (100)

COVER LETTER

Registration Section TO: Division of Corporations **SUBJECT: GOLD EMPORIUM 1** (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: OMAR ANDRES (Contact Person) **GOLD EMPORIUM 1** (Firm/Company) 12344 SW 127 AVE (Address) MIAMI/FL/33186 (City/State and Zip Code) For further information concerning this matter, please call: $\underset{\text{at (Area Code \& Daytime Telephone Number)}}{\text{(Area Code & Daytime Telephone Number)}}$ **OMAR ANDRES** (Name of Contact Person) 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: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

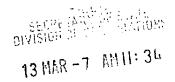
CR2E079 (5/06)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301





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 LD EMPORIUM 1 .	it appears on the records of the Florida Department
2. This limited liab	ility company was organized	under the laws of:
3. The Florida docu <u>L120000247</u>	-	f this limited liability company is:
4. I, ALLAN J S.	ABILLON (ame of Person Resigning)	, hereby resign as a MGRM (Print Title)
,	bility company and affirm th	e limited liability company has been notified of my
Signature of Res	igning Member, Managing N	fember or Manager GREGORIA J. PARRA
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	MY COMMISSION : EE071821 EXPIRES Marc. 108, 2015 (407) 398-0153 Florida Notary Service.com