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(Re	equestor's Name)			
(Ac	ddress)			
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(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	■ WAIT	MAIL		
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FILED 12 DEC 10 PM 4: 56 SECRETARY OF STATE TALLMIASSEE; FLORIDA

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	t appears on the records	of the Florida Department
2. This limited liab	pility company was organized	under the laws of:	
3. The Florida doc L1200003	ument/registration number of 2266	this limited liability com	npany is:
/ 	DRE NASCIMENTO	, hereby resign as a	MEMBER
	Name of Person Resigning) shility company and affirm the riting.	limited liability compar	(Print Title) ny has been notified of my
Signature of Res	igning Member, Managing Mo	ember or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		