## #1/2000034//3

(Requestor's Name)
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3 JAN 22 PM 5: 12

K. SALY EXAMINER JAN 2 4 2013

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: MODITION AND AND AND (Name of Limited Liability Comp	MENY GROUP LLC
The enclosed member, managing member or manager resignatiling.	ation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
MICHAUL JACOBS (Contact Person)	
M A G (Firm/Company)	
6549 LAndings OT	,
(Address)(	
BXA NAPOW AC 37496  (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Contact Person) at (56/) (Area Code &	2 Daytime Telephone Number)
Enclosed please find a check made payable to the Florida De	partment of State for: 5 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
	Registration Section
<u>-</u>	Division of Corporations
· · · · · · · · · · · · · · · · · · ·	P.O. Box 6327
Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



FILED

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SLUME LARY OF STATE
TALL AHASSEE, FLORIDA

## 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 lin of State is:	nited liability company as it appears on the records of the Florida Department  1001 1001 1001 1000 1000 1000 1000 10
2. This limited liabili	ry company was organized under the laws of:
3. The Florida docum	ent/registration number of this limited liability company is:
4. I, Archer	e of Person Resigning), hereby resign as a (Print Title)
of this limited liabil resignation in writing	ity company and affirm the limited liability company has been notified of my ng.
Signature of Resign	ing Member, Managing Member or Manager
Filing Fce: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)