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## **COVER LETTER** TO: **Registration Section Division of Corporations** The enclosed member, managing member or manager resignation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Frely Arizmendi Rosas (Contact Person) Rockery Bay Dr. # Plaples, FL 34/14 (City/State and Zip Code) For further information concerning this matter, please call: (Name of Contact Person) at (239) 821-0670 (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: \$55 Filing Fee & ■ \$25 Filing Fee Certified Copy MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

CR2E079 (5/06)

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGERE FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY & 2

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	Lyck JC UC
2. This limited liab	ility company was organized under the laws of:
	ument/registration number of this limited liability company is:
4. I, Messe les (Print N	Juana Cosas Riveron, hereby resign as a Managing Member (ame of Person Resigning)
	bility company and affirm the limited liability company has been notified of my
<u> </u>	la.
Signature of Resi	gning Member, Managing Member or Manager
_	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)