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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Ві	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		į

Office Use Only

G. MCLEOD

AUG - 1 2012

EXAMINER



300237824413

07/30/12--01013--019 **25.00





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 of State is:	imited liability company as it ap Defando Huelle	ppears on the records of Miami	of the Florida Department LLC.	t
2. This limited liab	lity company was organized und Uda	ler the laws of:		
3. The Florida docu	ment/registration number of this	limited liability comp	oany is:	
4. I, \(\sum_{\mathcal{VD}}\)/\(\text{Print No.}\)	t Valdes ame of Person Resigning)	_, hereby resign as a	Manager (Print Title)	
of this limited liab resignation in wri	ility company and affirm the lin	nited liability company	has been notified of my	,
Signature of Jesi	gning Member, Managing Mem	per or Manager	12 JUL	f. :17
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		30 PH L: (