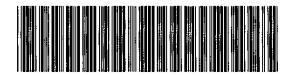
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(Requestor's Name)
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(City/State/Zip/Phone #)
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2012 AUG 13 PH 2 28
SECRETARY OF STATE
TALLAHASSEE, FLORION

COVER LETTER

CR2E079 (5/06)

TO: Registration Section Division of Corporations	
SUBJECT: Stroms, LLC	
(Name of Li	mited Liability Company)
The enclosed member, managing member filing.	or manager resignation and fee(s) are submitted for
Please return all correspondence concerning	g this matter to:
Heidi Uuranniemi	
(Contact Person)	SECRE DALLAHA
Heidi H. Uuranniemi, P.A.	Service Control of the Control of th
(Firm/Company)	mo a
7634 NW 6th Ave.	E. FLORIGE
(Address)	##*
Boca Raton, FL 33487	
(City/State and Zip Code)	
For further information concerning this ma	tter, please call:
Heidi Uuranniemi	at (561) 994-0280
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	e to the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314



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 loof State is: Stro	imited liability company as it a	appears on the records of the l	Florida D	_	nent
2. This limited liabil	lity company was organized ur	nder the laws of:	SECRETARY O	2012 AUG 113 F	
3. The Florida docu L12000065	ment/registration number of th	is limited liability company is	OF STATE E. FLORIDA	PH 🔏 28	C
4. I, Heidi Uuranniemi (Print Name of Person Resigning) of this limited liability company and affirm the liresignation in writing.		_, hereby resign as a MGR (Print Title) mited liability company has been notified of my			— Emy
(meide		mber or Manager			
_	\$25.00 (Required) \$30.00 (Optional)				