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B. BOSTICK MAY - 1 2013

EXAMINER

COVER LETTER

Division of Corporations		
SUBJECT: MELS OUTCK SHOP LLC (Name of Limited Liability Company)		
The enclosed member, managing member or manager resignation and fee(s) are submitted filing.	for	
Please return all correspondence concerning this matter to:		
FELIX LABBAN (Contact Person)		
HELS OUTCK SHOP LLC (Firm/Company)		
SYYI MARIEON DR. (Address) AHAD	2013 APR	
(Address) (Address) WINDERNE F 34786 (City/State and Zip Code) For further information concerning this matter, please call:	2013 APR 30 AM 11:51	コートリ
For further information concerning this matter, please call:	: 56	
(Name of Contact Person) at (467) 341-1001 (Area Code & Daytime Telephone Number)		

Enclosed please find a check made payable to the Florida Department of State for:

STREET/COURIER ADDRESS:

\$25 Filing Fee

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

□ \$55 Filing Fee &

Certified Copy

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CR2E079 (5/06)

TO:

Registration Section



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:				ars on the records			-	ment
2. This limited liab	ility compan	_	under (he laws of:		SECRETARY	2013 APR 30	
3. The Florida docu	-	ation number of		nited liability com	pany is:	OF STAIL	AM 11: 56	
4. I, 48.P50 (Print N	ame of Person	UBIN Resigning)	, h	ereby resign as a _	NG	Print Titl	le)	
of this limited lial resignation in wri	ting.	by and affirm the MD'_{i}			y has be	en noti	fied of	`my
Signature of Resi								
Filing Fee: Certified Copy:	\$25.00 (F \$30.00 (C							