#2/2000074232

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

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SECRETARY OF STATE
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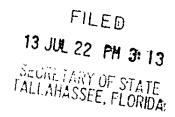
K. SALY EXAMINER JUL 2 4 2013

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LAHAT, LLC	imited Liability Company)
(Name of E	mined 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:
Christina Edwins	
(Contact Person)	
(Firm/Company)	
2008 Geralo Lane	
(Address)	
Lynn Haven, FL. 3244	4
(City/State and Zip Code)	
For further information concerning this ma	atter, please call:
Christina Edwins	at <u>850</u> 819-3896
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payabl	a to the Florida Department of State for
■ \$25 Filing Fee	\$55 Filing Fee &
= \$25 1 mmg 1 55	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

CR2E079 (5/06)





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: LAF		it appears on the records of the Florida Department
2. This limited liab	ility company was organized	under the laws of:
3. The Florida docu	ment/registration number of ber 7556 / EIN #30-0739	this limited liability company is: 180-**L/2000074232
	pility company and affirm the	, hereby resign as a Co-Owner / MGR (Print Title)
Signature of Resi	ma Edwy gning Member, Managing M	ember or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	