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12 AUG 31 PH 1: 47

COVER LETTER

CR2E079 (5/06)

TO: Registration Section Division of Corporations	
SUBJECT: S & NIECKS ENTERPRISE (Name of Limited Liability Co	ses er c
(Name of Limited Liability Co	ompany)
The enclosed member, managing member or manager resigning.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to	:
-Steven M. KLeinbergen	
Steven m. Kleinborgen (Contact Person)	 .
Smk Accounting Services INC. (Firm/Company)	
(Firm/Company)	
274 Winshine BLYO; STE 221 (Address)	
(Address)	
CASSELberra; Flerion 32707	
(City/State and Zip Code)	
For further information concerning this matter, please cal	1:
(Name of Contact Person) at (407	339-1220
(Name of Contact Person) (Area Coo	le & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida	Department of State for:
\$25 Filing Fee	Certified Copy
	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

	limited liability company as ラミルン ドミスタ モ	- "	· · · · · · · · · · · · · · · · · · ·
	ility company was organized	under the laws of:	
	ument/registration number of	this limited liability comp	pany is:
4. l, SHANI	Nod Geルチネセ Jame of Person Resigning)	, hereby resign as a _	(Print Title)
of this limited lia resignation in wr	bility company and affirm the iting.	e limited liability company	y has been notified of my
Filing Fee:	igning Member, Managing N \$25.00 (Required) \$30.00 (Optional)	lember or Manager	12 AUG 31 PH 1:47 SCURETARY OF STATE TALLAHASSEE, FLORIG