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EXAMINER



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COVER LETTER

TO: Registration Section Division of Corporations		2
SUBJECT: Conticast-Hormesa LLC	,	
(Name of Lin	nited Liability Con	npany)
The enclosed member, managing member of filing.	r manager resig	nation and fee(s) are submitted f
Please return all correspondence concerning	this matter to:	
Liliana Angel		_
(Contact Person)		_
ConticastHormesa LLC		
(Firm/Company)		_
304 Indian Trace # 299		
(Address)		_
Weston , FL 33326		•
(City/State and Zip Code)		_
For further information concerning this matt	ter, please call:	
Liliana Angel	at (954	, 536-8040
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee		Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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

	limited liability company a ticast- Hormesa LLC		s of the Florida Department
2. This limited liabi	lity company was organize	ed under the laws of:	
3. The Florida docu L12000081	ment/registration number	of this limited liability co.	mpany is:
4. I, Liliana Angel (Print Name of Person Resigning)		, hereby resign as a	Managing Member
(Print No	ame of Person Resigning)		(Print Title)
of this limited liab resignation in wri		the limited liability compa	any has been notified of my
Ces	-Wyl_		
Signature of Resi	gning Member, Managing	Member or Manager	
	\$25.00 (Required) \$30.00 (Optional)		
		, et	

CR2E079 (5/06)