## 1200085050

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	,
(City	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
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	Office Use Or	nly

B. KOHR

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EXAMINER



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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: 320 Indus (Name of Limited I	Liability Company)
The enclosed member, managing member or mar filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Mille Typk (Contact Person)	THASSEE, FLOR
(Firm/Company)	- Jan
8327 ViA Di Ven	to
BOCA POARW FL. 33	3496
For further information concerning this matter, p	lease call:
Mille Tunk (Name of Contact Person)  at (	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	e 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 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	i ananassee, i ionua 32314

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAFER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the of State is: _3	limited liability company as it appears on the records of the Florida Department  20 Zadustries LLC.
2. This limited liabi	lity company was organized under the laws of:
	ment/registration number of this limited liability company is:
4. I, MIKE (Print No.	hereby resign as a Managen Men but (Print Title)
of this limited liab resignation in wri	oility company and affirm the limited liability company has been notified of my ting.
	gning Member, Managing Member or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)
continua copy.	ψουνο (Optional)