## C12000 14375

(D)				
(Requestor's Name)				
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone	<del>= #)</del>		
·		•		
PICK-UP	MAIT	MAIL		
(Bı	siness Entity Nar	ne)		
(20	iomoso Emity Mar	,		
(5)	ANI I X			
(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer			
opeoid. Metradians to	Timing Cinicol.			
		·		
		İ		
		1		

Office Use Only



000251479500

09/10/13--01908--004 \*\*25.00

13 SEP 10 AH 10: 24

SELVE AND AN SEE FLORIDA

## **COVER LETTER**

Division of Corporations	
SUBJECT: Mo Bu Dressing Room (Name of Limited Liability Com	npany)
The enclosed member, managing member or manager resignations.	nation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
Tiffany Hausdorf (Contact Person)	<del>-</del>
(Firm/Company)	
12110 75th Street	
(Address)  Laryo Ft 33773  (City/State and Zip Code)	SEP 10 AH
For further information concerning this matter, please call:	
Name of Contact Person) at (727) (Name of Contact Person) (Area Code	365-9570 & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$25 Filing Fee	Department of State for:  555 Filing Fee &  Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

160

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301

TO: Registration Section



## 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 it appears on the records  Room LLC	of the Florida Department
	ility company was organi 14 OF HOVIO	1	13 SEP I
<u>L12000</u> 4.1, <i>Tiffa</i>	ment/registration number 014375 014375 014375 014375 014375 014375 014375 014375 014375 014375 014375	r of this limited liability com, hereby resign as a	Mane
of this limited lial resignation in writing	bility company and affirm	the limited liability compar	(Print Title)  ny has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		