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MAR 25 7013 J. BRYAN

COVER LETTER

Division of Corporations	
SUBJECT: Shy Sendun (Name of Limited)	Liability Company)
The enclosed member, managing member or man filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Christophen Show (Contact Person)	
Shy Ventures (Firm/Company)	SECR TALLA
18243 Sas 5 St (Address)	I3 MAR 22 AM ECRETARY OF LLAHASSEELF
Pembrokis Pinte II. 33 (City/State and Zip Code)	FLURIDA FLURIDA
For further information concerning this matter, p	elease call:
(Name of Contact Person)	(305) 7/07672 (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: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Evanutius Contar Circle	Tellahassee Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



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:	limited liability company as it Shy VENTURE	appears on the records of t	the Florida De	•
2. This limited liab	ility company was organized to	inder the laws of:		
3. The Florida docu	ment/registration number of t	his limited liability compar	ny is:	
4.1. GPRU	ame of Person Resigning)	, hereby resign as a	Y) AND GERI (Pulni Tille)	MEMRER
	oility company and affirm the			
Signature of Resi	gning Member, Managing Me	mber or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \(\square \) \$30.00 (Optional)		TALLAHASSEE, FLO	FILE

CR2E079 (5/06)