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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: RAQUEPU LLC (Name of Limi	ted Liability Con	npany)
The enclosed member, managing member or filing.	manager resig	nation and fee(s) are submitted for
Please return all correspondence concerning t	his matter to:	
Damian Nusynkier		
(Contact Person)		-
		•
(Firm/Company)		-
21205 Ne 37th Ave. #27	07	_
(Address)		
Aventura, FL 33180		<u>.</u>
(City/State and Zip Code)	1 11	
For further information concerning this matte	r, please call:	
Damian Nusynkier	_{at (} 786	553-7228
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to		•
■ \$25 Filing Fee	U 9	S55 Filing Fee & 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 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	limited liability company as it appears on the rec	ords of the Florida Department	ţ
of State is: RAG	QUEPU LLC	Fr.	
	ility company was organized under the laws of:		
3. The Florida docu L120001275	ment/registration number of this limited liability	2≥	•1
4. I, DAMIAN NI	JSYNKIER , hereby resign	as a MANAGER	
(Print No	ame of Person Resigning)	(Print Title)	
of this limited liab resignation in wri	pility company and affirm the limited liability conting.	mpany has been notified of my	
Signature of Resi	gning Member, Managing Member or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		