## L12000136148

(Requestor's Name)				
(Address)				
(Ac	idress)			
(Ci	ty/State/Zip/Phone	e #)		
<u></u>	₩AIT	MAIL		
(Business Entity Name)				
(Document Number)				
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NOV 19 2012

## **COVER LETTER**

Division of Corporations				
SUBJECT: ANDALUSIAN OLIVES, CCC (Name of Limited Liability Company)				
The enclosed member, managing member or manafiling.	ager resignation and fee(s) are submitted for			
Please return all correspondence concerning this n	natter to:			
(Contact Person)				
(Firm/Company)  3910 W. FLAGLKN St  (Address)  MIMM, FL 331.  (City/State and Zip Code)	TALL AHASSEE, FLORIDA			
	ease call:  315 Area Code & Daytime Telephone Number)			
Enclosed please find a check made payable to the \$25 Filing Fee	Florida 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)

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 ap ANDALUSIAN		
	lity company was organized und	ler the laws of:	
<u>L126</u>	ment/registration number of this	_•	
4. I, ERASY (Print No.	ND ALMAGUER ame of Person Resigning)	_, hereby resign as a _	MANAGER (Print Title)
	ility company and affirm the lin		
Signature of Resi	gning Member, Managing Memb	per or Manager	ZZE NOV 15
orgination of Items	with the inverse in the interior in the interior	or or manager	
	\$25.00 (Required) \$30.00 (Optional)		STATE 20