L12000/43/94

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: AFFORDABLE FAMILY (Name of Limited Liabi	Toys uc lity Company)
The enclosed member, managing member or manage filing.	er resignation and fee(s) are submitted for
Please return all correspondence concerning this mat	ter to:
Romaio R Moreau (Contact Person)	
AFFORDAGLE FAMILY TOUS (Firm/Company)	
14813 US HWY 19 (Address)	
Huosow, FL 34667 (City/State and Zip Code)	
For further information concerning this matter, pleas	e call:
Rowa to More w at (3 (Are	(S) 532-5089 a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo \$25 Filing Fee	orida 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)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability compai			e records	of the Florid	da Depai	tment
	ility company was orga			of:		TALL ANAS	2613 DEC -
L1200	ment/registration numb	·				SELL TO ANTE	9 PH 1:09
4. I, KONALO (Print N	R HOREAU ame of Person Resigning)	,	hereby res	ngn as a		Title)	MBER
of this limited lial resignation in wri	pility company and affiniting.	rm the limi	ted liability	y compar	ny has been i	notified (of my
	_						
Signature of Resi	gning Member, Manag	ing Membe	er or Mana	ger			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)						