L12000148147

(Re	questor's Name)		
(Address)			
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



000244363470

02/06/13--01010--007 **25.00

2013 FEB -6 AM II: 52
SECRETARY OF STATE
ASSEE FLORIDA

FEB 0 7 2012 D. BRUCE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Balloon Bucc (Name of Limited Lia)	aneers LLC billity Company)
The enclosed member, managing member or managiling.	ger resignation and fee(s) are submitted for
Please return all correspondence concerning this ma	atter to:
Beth Perez (Contact Person)	
Balloon Buccaneers	s LLC
8343 Hogan Road	
Jacksonville FL 3 (City/State and Zip Code)	REDARY AHASSE
For further information concerning this matter, plea	se call:
Beth Perez at (And (Name of Contact Person)	204 305-73087 S
Enclosed please find a check made payable to the F \$25 Filing Fee	lorida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section 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

	limited liability company as it a		-
	ility company was organized un la Department		
	onent/registration number of the	is limited liability com	pany is:
of this limited lia	bility company and affirm the li		MGRM (Managing (Print Title) Member) y has been notified of my
resignation in wr	~~/		71
,	\$25.00 (Required) (soc.)	·	THE -6 AM SECRETARY OF SALLAHASSEE FL
			AMII: 52 FEORIDA