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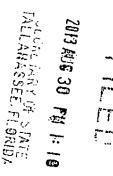
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Demiclair, LLC (Name of Limited Liability Company)	
The enclosed member, managing member or manager resignation and fee(s) are submitted filing.	for
Please return all correspondence concerning this matter to:	
Heiko Stuven	2
(Contact Person)	ان ان کا انگر
Demiclair, LLC	AUS 30
(Firm/Company)	
3839 NW 125th Street	
(Address)	(E)
Opa Locka, FL 33054	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Andrew Rothschild (Name of Contact Person) (Name of Contact Person) (Area Code & Daytime Telephone Number)	
(Name of Contact Person) (Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: \$\Bigsim \frac{1}{2}\$ \frac{1}{5}\$ 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	

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

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 of State is:		artment
2. This limited liability company was organized und Florida		7813 4412 20
3. The Florida document/registration number of this L12000153498	s limited liability company is:	- (,
4. I, Andrew Rothschild (Print Name of Person Resigning)	_, hereby resign as a MGR	 .
of this limited liability company and affirm the line resignation in writing.	,	d of my
Signature of Resigning Member, Managing Mem	ber or Manager	

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: