## 13000003396

(Re	equestor's Name)	10.00		
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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MAR 1 4 2013

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Patrach Sec (Name of Limited)	unty System UC Liability Company)	
The enclosed member, managing member or ma filing.	nnager resignation and fee(s) are submitted for	
Please return all correspondence concerning this	s matter to:	
OTTS Robinson (Contact Person)		
Patranch Secondy Syck	I	
6105 Menoral Byshuse	y Suck G	
Thupa CC 3 3605 (City/State and Zip Code)		
For further information concerning this matter,	please call:	
(Name of Contact Person)	(813) S41 276 (Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the \$\square\$ \$\squar		
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
	, · ·	

Tallahassee, Florida 32301

CR2E079 (5/06)



## 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 of State is:	limited liability company	as it appears on the records	s of the Florida Department
	ility company was organiz		
	ument/registration number	of this limited liability cor	mpany is:
		, hereby resign as a	MGRM (Print Title)  any has been notified of my
resignation in wri		va Ball	TALLAIA
	\$25.00 (Required)	Member of Manager	AR 13 PH 1:3