## L170000 26575

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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## 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		of the Florida Department
2. This limited liab	ility company was organized u 的人。	ander the laws of:	
	ument/registration number of t	his limited liability com	pany is:
4. I, JOHANN (Print N	A PONCE ame of Person Resigning)	, hereby resign as a _	MAJAGEL. (Print Title)
of this limited lia resignation in wr	bility company and affirm the iting.	limited liability compan	y has been notified of my
Signature of Resi	gring Member, Managing Me	mber or Manager	MOV 21
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)		

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: CUMENT TRANE (Name of Limited Liability Con	PROUP LLC.
The enclosed member, managing member or manager resigniling.	nation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
SEBASTIAN BURNEO (Contact Person)	-
(Firm/Company)	_
2635 TIBERTAIL AVE (Address)	-
HIAMI, FL, 33133 (City/State and Zip Code)	
For further information concerning this matter, please call:	
SEBASTIAN BURNEO at (786 (Name of Contact Person) (Area Code	<u>468-9607</u> & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$25 Filing Fee	Pepartment of State for:
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)