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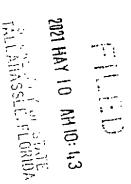
(Re	questor's Name)					
(Address)						
(Ad	dress)					
(Cit	y/State/Zip/Phone	e #)				
PICK-UP	WAIT	MAIL				
(Bu	siness Entity Nan	ne)				
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						





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COVER LETTER

TO:	C C					
	Divis	sion of Corporations				
SUBJ	ECT:	OPTIMUM BUYER, LLC				
		(Name of Limit	ed	Liability Cor	npany)	
The e	nclosed	d member, resignation or dissocia	tio	n and fee(s	s) are submitted for filing.	
Please	e return	all correspondence concerning the	his	matter to:		
ARIEI	HERN	ANDEZ, JR.				
		(Contact Person)				
		(Firm/Company)			_	
1971 S	SW 37T1	A AVENUE				
		(Address)			_	
FT. LA	AUDERI	DALE, FL 33312				
		(City/State and Zip Code)			_	
For fu	irther i	nformation concerning this matter	г, р	olease call:		
ARIEI	L HERN	ANDEZ, JR.	at	954 (294-9094	
	(N	lame of Contact Person)			& Daytime Telephone Number)	
	sed ple 5 Filin	ease find a check made payable to			Department of State for: 3 Fee & Certified Copy	
		_			.,	
	Regis	ng Address: stration Section			Street Address: Registration Section	
		sion of Corporations Box 6327			Division of Corporations The Centre of Tallahassee	
		hassee, FL 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as		f the Florida Department
2. The Florida doct	ument/registration number as	ssigned to this limited liabil	lity company is:
ADIEL LIEDMA	mber/manager withdrew/res NDEZ, JR. Tame of Person Resigning)		
MANAGER	(Print Title)		
of this limited lia resignation in wr	bility company and affirm th iting.	ne limited liability company	has been notified of my
·	ssociating Member or Resig	ming Manager	O AMIO: 43 SEELFLORIDA
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		TE 43