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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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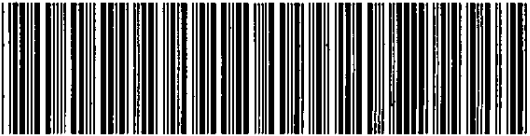
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Moshe WeitzLC  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Moshe Weitz  
(Name of Person)

Moshe Weitz LC  
(Firm/Company)

244 Poinciana Dr.  
(Address)

Sunny Isles Beach, Florida 33160  
(City/State and Zip Code)

For further information concerning this matter, please call:

Moshe Weitz at ( 305 ) 944-2230  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$25.00 Filing Fee       \$30.00 Filing Fee & Certificate of Status       \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)       \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

I, B. BRADLEY WEITZ, hereby resign as MEMBER  
(Title)

of MOSHE WEITZ LC  
(Limited Liability Company)

a limited liability company organized under the laws of the State of FLORIDA

and affirm that the limited liability company has been notified in writing of the resignation.

*B. Bradley Weitz* MEMBER Effective 11/14/07  
(Signature of resigning manager, managing member or member) *Y.S.L.*  
*11/14/07*

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