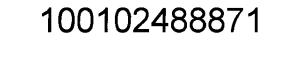
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(Requestor's Name)						
(Ad	ldress)					
(Address)						
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PICK-UP	MAIT	MAIL				
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Certified Copies Certificates of Status						
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2001 MAY 24 P 1: 4:
SECRETARY OF STATE

COVER LETTER

Division of Corporations	•		
SUBJECT: TOUCKN /N7 (Name of Limited)	ERNATIONAL, L-(Liability Company)	<u>C</u> .	
The enclosed member, managing member or ma filing.	anager resignation and fee(s) are submit	ted for	
Please return all correspondence concerning this	s matter to:		
WALLACE NG-SEE-QU. (Contact Person)	<u>AN</u>		
TOUCAN INTERNATION (Firm/Company)	TALLAH,	3007	
5746 FINCH AVE. E, (Address)	SECRETARY OF STATE ALLAHASSEE, FLORIDA AL, L. C AL, L.		
TORONTO, ONTARIO M (City/State and Zip Code) C.	11BSRZ POR 5	C	
For further information concerning this matter,	please call:		
(Name of Contact Person)	(416) 299 7384 (Area Code & Daytime Telephone Numbe	er)	
Enclosed please find a check made payable to the \$25 Filing Fee	ne Florida Department of State for: \$55 Filing Fee & Certified Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section Division of Corporations	Registration Section		
Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		

Tallahassee, Florida 32301

CR2E079 (5/06)

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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

	mited liability company as it	• •		•
FLOR		<u>_</u> .	SECRETAR TALLAHASSI	F 1 L 2001 NAY 24
3. The Florida docum <u>L 990000</u>	nent/registration number of t 201159	his limited liability comp 	eny FLOR	
4. I, ALLISON SAT	TAUR LOPEZ ne of Person Resigning)	, hereby resign as a M	可 A Prin	F NG <i>MENIBET2</i> n Title)
of this limited liabil resignation in writing	ity company and affirm the ng.	limited liability company	has been	notified of my
Signature of Resign	ning Member, Managing Me	mber or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			