## L9900004137

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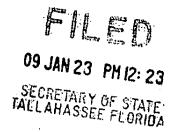
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SECRETARY OF STATE SECRETARY OF STATE

## **COVER LETTER**

Division of Corporations	
SUBJECT: International G.M. of Orla	ando L.L.C.
	Liability Company)
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning thi	s matter to:
Petra Goldmann	
(Contact Person)	
International G.M. of Orlando L.L.C	<u>,</u>
(Firm/Company)	
1631 Rock Springs Rd.	
(Address)	
Apopka, Fl. 32712	
(City/State and Zip Code)	<del></del>
For further information concerning this matter,	please call:
Petra Goldmann a	407 <sub>)</sub> 814 0813
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t	he Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
<u></u>	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	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

	nited liability company as it a national G.M. of Orlan	* *	of the Florida Department
2. This limited liability State of Flori	y company was organized ui da	nder the laws of:	
3. The Florida docum L99000041	ent/registration number of th	is limited liability com	pany is:
4. I, Peter Goldm		, hereby resign as a	Member
•	e of Person Resigning) ity company and affirm the ling.	mited liability compar	(Print Title)  ny has been notified of my
Signature of Resign	ing Member, Managing Men		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		