M08000003549

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:



200146134242

03/23/09--01012--001 **25.00

L. SELLERS

MAR 25, 2009

EXAMINER

Office Use Only

SECNETARY OF TAIL AHASSEF FO

COVER LETTER

for

Division of Corporations SUBJECT: SUBJECT: (Name of Limited Liability Corporary) The enclosed member, managing member or manager resignation and fee(s) are submitted filing. Please return all correspondence concerning this matter to: MICHAEL HAMEL (Contact Person) (SSCX ASSET MANAGEMENT TO BEACH (Address) VETO BEACH (Address) VETO BEACH (Address) (City/State and Zip Code) For further information concerning this matter, please call: MICHAEL HAMEL (Name of Contact Person) (Area Code & Daytime Telephone Number)
Please return all correspondence concerning this matter to: Michael Himnel (Contact Person) SSCX ASSET MANGUMENT (Firm/Company) 819 Beach and Boolevard (Address) Vero Beach FL 32943 (City/State and Zip Code) For further information concerning this matter, please call: Michael Himnel (Name of Contact Person) at (772) 234-6455 (Area Code & Daytime Telephone Number)
Michael Himmel (Contact Person) SSCX ASSET Management (Firm/Company) 819 Beach and Boulevard (Address) Vero Beach Fl. 32963 (City/State and Zip Code) For further information concerning this matter, please call: Michael Himmel at 772 234-6455 (Name of Contact Person) (Area Code & Daytime Telephone Number)
819 Bachland Boulevard Vero Beach FL 32963 (City/State and Zip Code) For further information concerning this matter, please call: Michael Himmel at 772 234-6455 (Name of Contact Person) (Area Code & Daytime Telephone Number)
819 Bachland Boulevard Vero Beach FL 32963 (City/State and Zip Code) For further information concerning this matter, please call: Michael Himmel at 772 234-6455 (Name of Contact Person) (Area Code & Daytime Telephone Number)
819 Bachland Boulevard Vero Beach FL 32963 (City/State and Zip Code) For further information concerning this matter, please call: Michael Himmel at 772 234-6455 (Name of Contact Person) (Area Code & Daytime Telephone Number)
For further information concerning this matter, please call: Michael Himmel at 772 234-6455 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Michael Himmel at 772 224-6455 (Name of Contact Person) at 772 Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section Division of Corporations Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Clifton Building

2661 Executive Center Circle Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liab of State is: 2550	pility company as it app 1584 Many C	pears on the records of the Florida Department EMOH LLC .
2. This limited liability compa	ny was organized unde	er the laws of:
3. The Florida document/regis	tration number of this	limited liability company is:
4. I, OW TOVESTON	ONTS LLC n Resigning)	hereby resign as a Managna Member (Print Title)
of this limited liability comp resignation in writing.	any and affirm the lim	ited liability company has been notified of my
gum C	حوام	
Signature of Resigning Men	nber, Managing Memb	er or Manager
	(Required) (Optional)	

CR2E079 (5/06)

O9 MAR 23 11: 8: 34
SECRETARY OF STATE