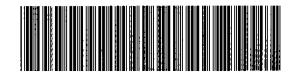
## M10000003889

| (Re                     | questor's Name)    |               |
|-------------------------|--------------------|---------------|
| (Ad                     | dress)             |               |
| (Ad                     | dress)             |               |
| (Cit                    | y/State/Zip/Phone  | - #h          |
| (Cit                    | grotate/zip/r none | <i>- 11 j</i> |
| PICK-UP                 | WAIT               | MAIL          |
|                         |                    |               |
| (Bu                     | siness Entity Nar  | ne)           |
|                         |                    |               |
| (1)                     | cument Number)     |               |
| Certified Copies        | _ Certificates     | s of Status   |
|                         |                    |               |
| Special Instructions to | Filing Officer:    |               |
|                         |                    |               |
|                         |                    |               |
|                         |                    |               |
|                         |                    |               |
|                         |                    |               |
|                         |                    |               |

Office Use Only



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C. LEWIS

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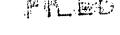
EXAMINER

## **COVER LETTER**

| Division of  | n Section<br>Corporations                |                                  |   |     |
|--|--|----------------------------------|---|-----|
|  |  | mited Liability $oldsymbol{d}$ o | ompany) gnation and fee(s) are submitted  | for |
| filing.  |  | 8                                |   |     |
| Please return all co   | rrespondence concerning                  | g this matter to                 | :   |     |
| ANDRE  | W RODRIGUE<br>(Contact Person)           | Z                                | _   |     |
| CASANOU  | PARTNERS (Firm/Company)                  |                                  | _   |     |
| 2100 Pouce   | (Address)                                | nd, STE 18                       | <u>301</u>  |     |
| CORAL GA   | City/State and Zip Code)                 | 3134                             | _   |     |
| For further informa  | ition concerning this mat                | ter, please call:                | :   |     |
| ANDREW RO  | Contact Person)                          | at (305<br>(Area Code            | 500-9900<br>e & Daytime Telephone Number)   |     |
|  | nd a check made payable<br>25 Filing Fee |                                  | Department of State for:<br>\$55 Filing Fee &<br>Certified Copy   |     |
| STREET/COURI Registration Sectio Division of Corpor Clifton Building 2661 Executive Ce | n<br>ations<br>nter Circle               |                                  | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |     |

CR2E079 (5/06)





2011 JUN 20 PM 5 29



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

|   | limited liability company as it appears on the records of the Florida Department ASANOYO PARTNERS, LLC. |
|---|---|
| 2. This limited liab                    | ility company was organized under the laws of:  |
| 3. The Florida docu                     | ment/registration number of this limited liability company is:  |
| 4. I, STEPHEN<br>(Print N               | ame of Person Resigning), hereby resign as a MANAGER  (Print Title)                                     |
| of this limited lial resignation in wri | bility company and affirm the limited liability company has been notified of my ting.                   |
| Signature of Resi                       | gning Member, Managing Member or Manager  |
| Filing Fee:                             | \$25.00 (Required)<br>\$30.00 (Ontional)  |