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(Requestor's Name)						
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PICK-UP	☐ WAIT	MAIL				
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Certified Copies	Certificates	of Status				
Special Instructions to Fi	ling Officer:					
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DIVISION OF CORPORATIONS

JAN 2 2 2007

## **COVER LETTER**

**TO:** Registration Section Division of Corporations

CR2E079 (5/06)

SUBJECT:	MACHA	Developme	N/ GROUP,	LLC		
(Name of Limited Liability Company)						
The enclosed mer filing.	nber, managing membel	or manager resignat	ion and fee(s) are sub	mitted for		
Please return all c	orrespondence concerni	ng this matter to:				
KofUA.	Relo Solo. (Contact Person)	ezaro, le-	es.			
	if Indestry (Firm/Company)			07 JAN		
6063	(Address)	57				
MiA	(City/State and Zip Code)	2/56				
For further inform	nation concerning this m	atter, please call:				
Kara Rolo (Name o	of Contact Person)	6 at (786) (Area Code & I	3950770 Daytime Telephone Nur	) mber)		
	ind a check made payab \$25 Filing Fee	\$55	artment of State for: Filing Fee & Certified Copy			
STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C	on orations	Re Di P.C	AILING ADDRESS: gistration Section vision of Corporation D. Box 6327 Ilahassee, Florida 323	s		
Tallahassee, Flori	da 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 of State is:	limited liability comp	any as it appears on the Developm	the records of the F	lorida Department
	lity company was org	ganized under the law	es of:	
205	ment/registration num 0000550  Lavestyen ume of Person Resigning)	675.		ANAGER MEMber
of this limited liab resignation in wri	oility company and af ting.	firm the limited liabi	lity company has be	
Signature of Resignature	gning Member, Mana Ship In Was 7	ging Member or Mar Yent, Inc.	nager	DIVISION OF JAN
•	\$25.00 (Required) \$30.00 (Optional)			HED STARY OF S