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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: BLUEBERRY HII HOLDINGS LL (Name of Limited Liability Company)	<u> </u>
The enclosed member, managing member or manager resignation and fee filing.	e(s) are submitted for
Please return all correspondence concerning this matter to:	
GUSTAVS RABIN (Contact Person)	
(Firm/Company)	
13186 SKYLINE BLVD. (Address)	
Woodsite CA 94062 (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Contact Person) at (650) 529- (Area Code & Daytime Te	3×55 lephone Number)
Enclosed please find a check made payable to the Florida Department of \$25 Filing Fee Certified C	&
STREET/COURIER ADDRESS:  Registration Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, Florida 32301  MAILING A Registration  Division of C  Tallahassee, Tallahassee, Florida 32301	Section Corporations

CR2E079 (5/06)



					SECRETARY OF SIA DIVISION OF CORPORAL 08 DEC -5 AM 10:
FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS					CORPORI
RESIGNATION FLO	ON OF MEMBER ORIDA OR FORI	R, MANA EIGN LIM	GING MEMBER IITED LIABILIT	OR MAN	AGER E
1. The name of the of State is:	limited liability comp	oany as it ap HILL	pears on the records of HOLDINGS	of the Florida	Department
2. This limited liabi	lity company was org		er the laws of:		
	ment/registration nur 0 94073		limited liability comp	oany is:	
			, hereby resign as a		
resignation in wri	ting.		ited liability company  .	y has been no	tified of my
Signature of Resig	gning Member, Mana	nging Memb	er or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				