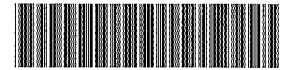
## 05000107250

(Re	equestor's Name)		
(Ad	(dress)		
(Ad	ldress)		
`			
(Cit	ty/State/Zip/Phone	<i>⇒ #</i> )	
PICK-UP	MAIT	MAIL	
/Bu	siness Entity Nan	ne)	
,	2.120, 112.		
(Do	ocument Number)		
ertified Copies	Certificates	of Status	
Special Instructions to	Filing Officer:		
		\ \	
		MSA	<b>/</b>
		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	

Office Use Only



100061723801

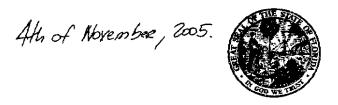
11/29/05--01051--003 \*\*55.00

# 05 NOV 29 PM 1:56

### 4th of November, 2005.

#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Plaza Pros LLC (Name of Limited Liability Company)
Dear Sir or Madam:
The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Guerassim Guerassimov (Name of Person)
Plaza Pros LLC  (Firm/Company)
1835 E. Hallandale Beach Blvd. #463  (Address)
Hallandale Beach, FL 33009 (City/State and Zip Code)
For further information concerning this matter, please call:
G.Guerassimov at (305) 790-4171 (Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
☐\$25 Filing Fee



#### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

#### RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

ı, Richard Marselli	, hereby resign as MGRM
	(Title)
of Plaza Pros LLC	
(Limited Liabil	ity Company)
a limited liability company organized under the la and affirm that the limited liability company has b (Signature of resigning manager,	neen notified in writing of the resignation SSE OF STATES

#### FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314