10600008450/

| (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: | | | | | |
| 108 M 00054706 | | | | | |

A. LUNTONIY

OCT 22 2008

EXAMINER



000136081040

10/06/08--01021--023 **25.00

FILED

ZIMB OCT 21 PM 3: 33

SECRETARY OF STATE,
ALLAHASSEE, FLORIE,



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 8, 2008

CRAIG WERLEY 1000 PONCE DE LEON BLVD. STE 205 CORAL GABLES, FL 33134

Ref. Number: L06000084501

Your document is being returned as requested.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 608A00053066

COVER LETTER

| TO: Registration and Division of C | | | |
|--|--------------------------------------|--|--------------|
| SUBJECT: FOC | | of Limited Liability Company) | |
| The enclosed member filing. | er, managing mem | iber or manager resignation and fee(s) are subm | itted for |
| Please return all corr | espondence conce | erning this matter to: | |
| <u>Craig</u> v | (Contact Person) | | ZDB OF |
| | (i inii/company) | te Admin LLC | SECRETARY OF |
| 1000 Panc | (Address) | 31vd, St. 205 | PH 3: 33 |
| Coralis fa | ble), Fi City/State and Zip Code) | 33134 | |
| For further informati | on concerning this | s matter, please call: | |
| (Name of C | Device Person) | at (<u>561)</u> <u>252-075</u> (Area Code & Daytime Telephone Numb | oer) |
| | a check made pay 5 Filing Fee | yable to the Florida Department of State for: \$55 Filing Fee & Certified Copy | |
| STREET/COURIE Registration Section Division of Corporat Clifton Building 2661-Executive Cent Tallahassee, Florida | ions er Circle | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 3231 | 4 |

CR2E079 (5/06)



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 li | mited liability company as i | t appears on the records | of the Florida I | Department | t |
|--------------------------------|---|---------------------------|------------------------------|--------------------|---|
| of State is: Fo | OCUS Real Estate | Adrison, LLC | -4 | 21 | |
| | ity company was organized (| | SECRETARY OF SALLAHASSEE. FL | DB OCT 21 PM 3: 33 | |
| 3. The Florida docun | nent/registration number of t | his limited liability com | pany is: | မ္ | |
| L06000 | 084501 | | 9 | ι ω | |
| • | me of Person Resigning) lity company and affirm the | , hereby resign as a _ | | | |
| Jesla J Signature of Resign | ning Member, Managing Me | ember or Manager | | | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | | | |