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ECRETAIRE OF STATE
ALLAHASSEE, FLORIDA

## **COVER LETTER**

Division of Corporations	
SUBJECT: Sardy House (New), (Name of Limited)	LLC Liability Company)
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
Grace S. Diaz (Contact Person)	
Ferrell Law, P.A.  (Firm/Company)	· ·
201 S. Biscayne Boulevard, 34	4th Floor
Miami, Florida 33131 (City/State and Zip Code)	
For further information concerning this matter,	please call:
	305 351-0764
(Name of Contact Person)  Enclosed please find a check made payable to the \$25 Filing Fee	(Area Code & Daytime Telephone Number)  ne Florida Department of State for:  √ \$55 Filing Fee &  Certified Copy
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

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	nited liability company as it a dy House (New), L		of the Flori	da Depa	artmei	nt
2. This limited liabilit Florida	y company was organized und	der the laws of: 		SECRE LAIRLE	06 DEC -6 AI	FILED
3. The Florida docum L06000094	ent/registration number of this	s limited liability com	npany is:	FLORIDA	AM 10: 43	O
4. I. Grace S. D	Diaz	_, hereby resign as a	Manag	er		
,	e of Person Resigning)	_,	(Prin	t Title)		
resignation in writing	ity company and affirm the ling.  July Line Company and affirm the ling.  Ing Member, Managing Mem		ny has been	notified	lofm	У
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					