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(Requestor's Name)					
(Address)					
(Address)					
, ,					
(City/State/Zip/Phone #)					
(Only States Elph Hone h)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
APR 1 8 2012					
L. SELLERS					
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CARIBE COVE RESORT MA	
The enclosed member, managing member or manage filing.	r resignation and fee(s) are submitted for
Please return all correspondence concerning this mate	ter to:
LAURENCE BASHAM	
(Contact Person)	
C/O ELITE ISLAND RESORTS	
(Firm/Company)	
1065 SW 30TH AVENUE	
(Address)	
DEERFIELD BEACH, FL 33442	
(City/State and Zip Code)	
For further information concerning this matter, please	e call:
at (07, 590-8734
(Name of Contact Person) (Area	a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo	srida 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

	the limited liability com CARIBE COVE RE			of the Florida Department, LLC
2. This limited I FLORIDA	iability company was o	rganized under th	e laws of:	
3. The Florida d	ocument/registration no	ımber of this limi	ed liability con	npany is:
4. I, JAMIE H	HUEFNER It Name of Person Resigning	, her	eby resign as a	MANAGER (Print Title)
of this limited resignation in		ffirm the limited	liability compa	ny has been notified of my
Signature of R	esigning Member, Man		OC TOBER Manager	² 1, 2011
Filing Fee:	\$25.00 (Required	1)		

CR2E079 (5/06)

Certified Copy:

\$30.00 (Optional)