#L08000053195

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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K. SALY EXAMINER

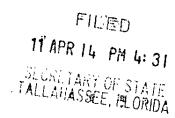
APR 1 4 2011

COVER LETTER

TO:	_	Registration Section			
	DIVIS	ion of Corporations			
SUBJ	IECT:	Superior Investments a			
		(Name of Limi	ted Liability Co	mpany)	
The e filing.		I member, managing member or	manager resig	gnation and fee(s) are submitted for	
Please	e return	all correspondence concerning	this matter to:		
Jona	athan	D. Woods			
		(Contact Person)		_	
				_	
		(Firm/Company)			
425	W. C	olonial Dr. Ste. 204			
		(Address)		_	
Orla	ndo,	FL 32804			
		(City/State and Zip Code)	***	_	
For fu	ırther ir	nformation concerning this matte	er, please call:		
Jona	athan	Woods	at (407	650-8133	
	(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclo	sed ple	ase find a check made payable to \$\square \square \qua		Department of State for: \$55 Filing Fee & Certified Copy	
		OURIER ADDRESS:		MAILING ADDRESS:	
_		Section Corporations		Registration Section Division of Corporations	
	n Build			P.O. Box 6327	
2661	Executi	ive Center Circle		Tallahassee, Florida 32314	
∵Fallab	iassee.	Florida 32301		•	

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 limited liability company as of State is: Superior Investments at	Black Bear II, LLC
2. This limited liability company was organized Florida	d under the laws of:
3. The Florida document/registration number of L08000053195	f this limited liability company is:
4. I, Jonathan D. Woods (Print Name of Person Resigning) of this limited liability company and affirm the resignation in writing.	, hereby resign as a Manager (Print Title) te limited liability company has been notified of my
Signature of Resigning Member, Managing N Filing Fee: \$23.00 (Required) Certified Copy: \$30.00 (Optional)	Member or Manager