

LD8000075263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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EXAMINER



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SECRETARY OF STATE
DIVISION OF CORPORATION
08 OCT 22 AM 11:01

LAW OFFICES
ALLEY, MAASS, ROGERS & LINDSAY, P.A.

518 SW 3RD STREET, SUITE 101
STUART, FL 34994-2026
(772) 287-4404
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CAROL S. WAXLER
CWAXLER@AMRL.COM

PALM BEACH OFFICES:
340 ROYAL POINCIANA WAY
SUITE 321
P.O. BOX 431
PALM BEACH, FL 33480
TEL: 561-659-1770
FAX: 561-833-2261

October 21, 2008

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

VIA FEDERAL EXPRESS

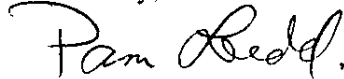
Re: Sanlorenzo of the Americas, LLC

Dear Sir or Madam:

Enclosed please find check number 1503 in the amount of \$50 representing the filing fee for the enclosed Statement of Change of Registered Office or Registered Agent of Both for Limited Liability Company and Resignation of Member, Managing Member or Manager from Florida or Foreign Limited Liability Company for the above referenced company. I am also enclosing cover sheets for both documents.

If you have any questions in this regard, please do not hesitate to contact this office. Thank you.

Sincerely,



Pam Loedding,
Legal Assistant

/pal
enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SANLORENZO OF THE AMERICAS, LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

George Jousma

(Contact Person)

SANLORENZO OF THE AMERICAS, LLC

(Firm/Company)

1515 SE 17th Street, Suite 125

(Address)

Fort Lauderdale, FL 33316

(City/State and Zip Code)

For further information concerning this matter, please call:

George Jousma

(Name of Contact Person)

at (954) 376-4794

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$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



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 it appears on the records of the Florida Department of State is: SANLORENZO OF THE AMERICAS, LLC

2. This limited liability company was organized under the laws of:
Florida

3. The Florida document/registration number of this limited liability company is:
L08000075263

4. I, Carol S. Waxler, hereby resign as a Managing Member
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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DIVISION OF CORPORATIONS
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