L09000071918

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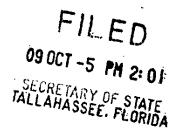
N. Cunton OUI - 6 2005

COVER LETTER

	gistration Section vision of Corporations	
SUBJECT	·	ement, LLC.
	(Name of Limite	d Liability Company)
The enclose filing.	sed member, managing member or m	nanager resignation and fee(s) are submitted for
Please retu	irn all correspondence concerning th	is matter to:
Jorge S	salcedo H, Esq.	
	(Contact Person)	
	(Firm/Company)	
200 Soi	uth Biscayne Boulevard, Si	uite 4650_
	(Address)	
Miami,	Florida 33131	
	(City/State and Zip Code)	
For further	information concerning this matter	, please call:
		at (305) 777-2681
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed r	please find a check made payable to	the Florida Department of State for:
Enclosed b	\$25 Filing Fee	\$55 Filing Fee &
		Certified Copy
STREET/	COURIER ADDRESS:	MAILING ADDRESS:
Registration		Registration Section
	f Corporations	Division of Corporations
Clifton Bu		P.O. Box 6327
	utive Center Circle e, Florida 32301	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

	limited liability company as D1 Coral Way Manage		of the Florida Department
2. This limited liab	ility company was organized	under the laws of:	
3. The Florida doc L0900007	ument/registration number of 1.918	this limited liability con	npany is:
4. I, Paul Lope	Z 'ame of Person Resigning)	, hereby resign as a	Manager (Print Title)
of this limited lia resignation in wr	bility company and affirm the		ny has been notified of my
Signature of Res	igning Member, Managing M	ember or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		

CR2E079 (5/06)