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10 APR 20 PM 2: 39
SECRETARY OF STATE

J. BRYAN

APR 21 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: PROCONFEGA LLC (Name of Limited Liability Cor	npany)
The enclosed member, managing member or manager resig filing.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
MARIA FERNANDEZ	
(Contact Person)	APR
PROCONFEGA LLC	TAR TARS
(Firm/Company)	APR 20 PM 2: 39 CRETARY OF STATE LANASSEE, FLORIT
3510 NW 36 STREET	2. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.
(Address)	THE SECOND
MIAMI, FL 33142	
(City/State and Zip Code)	-
For further information concerning this matter, please call:	
MARIA FERNANDEZ at 786	2907482
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$25 Filing Fee	Department of State for: 855 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, 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

	limited liability company as it appears on the records of the Flo	rida Department
2. This limited liabi	lity company was organized under the laws of:	10 APR 20 SECRETAR
3. The Florida docu LO9000074	ment/registration number of this limited liability company is:  4720	PM 2: 39
4. I, FRANCISO	COMFERNANDEZ, hereby resign as a MGM	int Title)
of this limited liab	oility company and affirm the limited liability company has been	ŕ
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	