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	(Requ	iestor's Name	e)		
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SECRETARY OF STATE

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ		LC ed Liability Company)
	(Name of Limit	ed Liability Company)
The er filing.	_ <del>-</del> <del>-</del>	manager resignation and fee(s) are submitted for
Please	return all correspondence concerning the	his matter to:
GUS	STAVO GAMBINO	
	(Contact Person)	
MIAI	MI CONDO SERVICES	
	(Firm/Company)	
785	CRANDON BLVD #201	
	(Address)	
KEY	BISCAYNE, FL 33149	
	(City/State and Zip Code)	<del></del>
For fu	rther information concerning this matter	r, please call:
GUS	STAVO GAMBINO	<sub>at (</sub> 786 <sub>)</sub> 281-5050
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclos	sed please find a check made payable to  √ \$25 Filing Fee	the Florida Department of State for:  \$55 Filing Fee & Certified Copy
	CET/COURIER ADDRESS:	MAILING ADDRESS:
_	tration Section	Registration Section
	on of Corporations	Division of Corporations
	n Building	P.O. Box 6327
	Executive Center Circle passee, 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 AL INVESTMENTS L		of the Florida D	epartr	nent 
2. This limited liab FLORIDA	ility company was organized	d under the laws of:			
3. The Florida doci	iment/registration number o 8354	f this limited liability com	ipany is:		
4. I, GUSTAVO		, hereby resign as a	MANAGER	`	
of this limited lia resignation in wr			(Print Title) ny has been notif		îmy
Signature of Resi	gning Member, Managing N	Летber or Manager			
•	\$25.00 (Required) \$30.00 (Optional)		SECRE	10 SEF	

CR2E079 (5/06)