L12000047153

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(City/State/Zip/Phone #)				
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SECRETARY OF STATE
TATA ANASSEE FOR ORIGINAL

COVER LETTER

Registration Section

Division of Corporations

TO:

JULY 8TH LLC **SUBJECT:** (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: GIORGIO PICINELLI (Contact Person) SOBE PROPERTIES LLC (Firm/Company) 1680 MICHIGAN AVE #910 (Address) MIAMI BEACH, FL 33139 (City/State and Zip Code) For further information concerning this matter, please call: at (305) 672 4971 (Area Code & Daytime Telephone Number) GIORGIO PICINELLI (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$55 Filing Fee & ✓ \$25 Filing Fee Certified Copy MAILING ADDRESS: STREET/COURIER ADDRESS: **Registration Section** Registration Section

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

CR2E079 (5/06)

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, Florida 32301



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SLOWLIARY OF STATE
TALLAHASSEE, FLORIDA

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 of State is: <u>JUl</u>	limited liability company as Y 8TH LLC	s it appears on the records	of the Florida Department
2. This limited liab FLORIDA	ility company was organized	d under the laws of:	
3. The Florida doct L12000047	ument/registration number o	f this limited liability con	npany is:
4. I, GIORGIO PICINELLI		, hereby resign as a	MANAGER
(Print Name of Person Resigning)			(Print Title)
of this limited lia resignation in wr	bility company and affirm thiting.	ne limited liability compar	ny has been notified of my
Signature of Res	gning Member, Managing M	Member or Manager	
_	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		