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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 7892 Land De (Name of Limited	Velopment, LLC I Liability Company)	
Dear Sir or Madam:		
The enclosed Resignation of Member, Managing M	ember or Manager and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:		
Mark Wohl (Name of Person)		
(Name of Person)		
(Firm/Company)		
5201 BIUL LAGOON DRIVE, Suite 100		
(Address)		
Mi ami, FL 3312 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Mark Wohl	1786 \ 522-7000	
Mark Wohl (Name of Person)	(Area Code & Daytime Telephone Number)	
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	
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee &	
CR2F079 (8/05)	Certified Copy	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

i, Mark Wohl	, hereby resign as Marm (Title)		
	(Title)		
of 7892 Land Deve	10pment, LLC		
(Limited Liability Company)			
a limited liability company organized under the laws of the State of Flori Ga			
and affirm that the limited liability company has been notified in writing of the resignation.			
M			
(Signature of resigning manager, managing member or member)			

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314