

L04000086334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

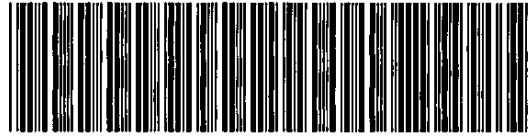
(Business Entity Name)

(Document Number)

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L04-86334  
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BALDWIN OFFICE PARK, LLC.  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DR. FROILAN BARINAS  
(Name of Person)

BALDWIN OFFICE PARK, LLC  
(Firm/Company)

8421 S. ORANGE BLOSSOM TRAIL # 270  
(Address)

ORLANDO, FLORIDA, 32809  
(City/State and Zip Code)

For further information concerning this matter, please call:

DR. FROILAN BARINAS at ( 407 ) 446-7940  
(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 &  
Certified Copy

CR2E079 (8/05)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

I, ENIO CARVALHO, hereby resign as MGRM  
(Title)  
of BALDWIN OFFICE PARK, LLC. - L04000086334,  
(Limited Liability Company)

a limited liability company organized under the laws of the State of FLORIDA,  
and affirm that the limited liability company has been notified in writing of the resignation.

  
\_\_\_\_\_  
(Signature of resigning manager, managing member or member)

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2006 AUG 23 PM 12: 07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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**