

## Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number

: (850)617-6383

: A.S.A.P TITLE CORP. Account Name

Account Number : I20020000017 Phone : (305)377-1000

Fax Number : (305)377-1055

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

6411 RIVIERA, LLC

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CR2E079 (5/06)

#### COVER LETTER

Division of Corporations				
SUBJECT: 6411 RIVIERA, LLC (Name of Limited Liability Con	npany)			
The enclosed member, managing member or manager resigning.	nation and fee(s) are submitted for			
Please return all correspondence concerning this matter to:				
CARLOS M. MACHADO, ESQ. (Contact Person)	-			
CARLOS M. MACHADO, P.A. (Firm/Compuny)	-		•	
2030 DOUGLAS ROAD, STE, 210	-			
CORAL GABLES, FL 33134 (City/State and Zip Code)	·	SECRETAL TALLAHASS	07 DEC 20	
For further information concerning this matter, please call:		でのSTAI EE、FLORII	<u> </u>	TLED
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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 Tallahassec, Florida 32314			



#### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

### RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

2. This limited liab	ility company was organize	d under the laws of:	·	
FLORIDA		,		Āω
				£00
3. The Florida docu	ment/registration number a	of this limited liability com	pany is:	手召
L0700006	<del>-</del>	, , , , , , , , , , , , , , , , , , ,		終題
	3 TE W 42	<del></del> •		-m <sub>0</sub>
4.I DAVID M.	CARADDOCAS	, hereby resign as a _	MANIACTNIC MEN	ייר <u>יד</u> דיר <u>יד</u>
, <u> </u>	ame of Person Resigning)	i Hereby testigit as a _	(Print Title)	
of this limited lial	oility-company and affirm t	he limited liability company	y has been notified	ol my
_resignation in wr		•		-
)	<del>} </del>			
1				
	gning Member, Managing	Mamhar or Managar		

CR2E079 (5/06)