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To:

From:

Division of Corporations
Fax Number : (850)617-6383

Account Name : ARAZOZA, COMAS, DE TORRES & FERNANDEZ PACA, P.A.
Account Number : 076624003440
: (305)444-6226
: (305)442-4829

MAY - 4 2010

LEAN MAY - 4 2010

Used for FIVE PACA - 4 2010 \*\*Enter the email address for this business entity to be used f annual report mailings. Enter only one email address please.

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KINGS MEADOW DEVELOPMENT FUND, LLC

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#### **COVER LETTER**

TO: Registration Section
Division of Corporations

# SUBJECT: KINGS MEADOW DEVELOPMENT FUND, LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filling.

Please return all correspondence concerning this matter to:

| ANIBAL DUARTE-VIERA  |  |
|--|--|
| (Contact Person)   | •  |
|  |  |
| (Firm/Company)   |  |
| 8470 NW 82ND AVENUE, SUITE 670   |  |
| (Address)  |  |
| DORAL, FLORIDA 33122   |  |
| (City/State and Zip Code)  |  |
| For further information concerning this matter, please call:                     |  |
| ANIBAL DUARTE-VIERA at 305   | 447-4676   |
| (Name of Contact Person) (Area Code  | & Daytime Telephone Number)                            |
| Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$5.5 | epartment of State for: 55 Filing Fee & Certified Copy |

#### 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

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 it ap            |                       |                              |
|--------------------------------|---|-----------------------|------------------------------|
| 2. This limited liab           | ility company was organized und               | ler the laws of:<br>- |                              |
|                                | ument/registration number of this $90008/924$ | limited liability cor | mpany is:                    |
| 4. I, FAUSTO                   | CALLAVA  Jame of Person Resigning)            | , hereby resign as a  | MANAGER/MEMBER (Print Title) |
|                                | bility company and affirm the lim             | nited liability compa | , ,                          |
| Signature of Resi              | gning Member, Managing Memb                   | er or Manager         |                              |
| Filing Fee:<br>Certified Copy: | \$25.00 (Required)<br>\$30.00 (Optional)      |                       |                              |

CR2E079 (5/06)