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SECRETARY OF STATE

C. LEWIS

AUG 2 4 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 1135 Bay Harbor LLC	
	ed Liability Company)
The enclosed member, managing member or n filing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	nis matter to:
Joseph B. Ryan III, Esq.	
(Contact Person)	
JOSEPH B. RYAN III, P.A.	
(Firm/Company)	
2701 S. BAYSHORE DR., SUITE	402
(Address)	
MIAMI, FL 33133	
(City/State and Zip Code)	
For further information concerning this matter	, please call:
Oleman of Country (Property)	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	the Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	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 35 Bay Harbor LLC	appears on the record	s of the Florida Department
2. This limited liab	pility company was organized u	nder the laws of:	
3. The Florida doc 	ument/registration number of th	is limited liability con	mpany is:
4. I, Jean-Fran	cois Leroy	, hereby resign as a	Manager/Member (Print Title)
of this limited lia resignation in wr	bility company and affirm the liting.	imited liability compa	iny has been notified of my
Signature of Page	igning Member, Managing Mer	nhar or Managar	
Signature of Res	igning Member, Managing Mer	nder or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		