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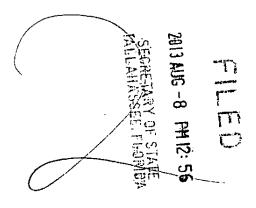
(Re	questor's Name)			
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PICK-UP	WAIT	MAIL		
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Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
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COVER LETTER

Division of Corporations
SUBJECT: 1000 NW 34 STREET PROPERTY, LLC, (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Henry Lordon (Contact Person)
1000 NW 54 Street Property, LC.
PO Box 370337 (Address)
Himi To 33/37 (City/State and Zip Code) For further information concerning this matter, please call:
For further information concerning this matter, please call:
(Name of Contact Person) (Area Code & Daytime Telephone Number) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

TO: Registration Section

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			ida Department	
2. This limited liab	ility company was organized Flovida	under the laws	of:		
3. The Florida docu	ument/registration number of	`this limited liab	nility company is:		
	000 45187	······································	office company is.		
4. I, <i>Hem</i> (Print N	My Louden	, hereby res	sign as a <u>HE</u>	TURE S	1
	bility company and affirm the	e limited liabilit	y company has been	# An-	
Signature of Resi	gning Member Managing M	lember or Mana	ger	:56	
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				