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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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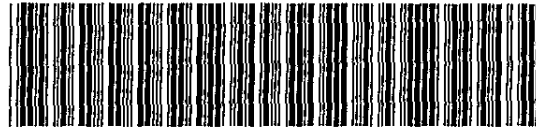
(Business Entity Name)

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DIVISION OF CORPORATIONS  
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J. BRYAN MAY 16 2006

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Conway Professional Building, 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:

DAVID C. DELGADO, PRES.  
(Name of Person)

PARK AVE. LEASING & Mgmt, Inc.  
(Firm/Company)

1632 N. RONALD REAGAN Blvd.  
(Address)

Longwood, FL 32750  
(City/State and Zip Code)

For further information concerning this matter, please call:

CAROL NILES at ( 407 ) 834-4000  
(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

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DIVISION OF CORPORATIONS  
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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

I, David C. Delgado, hereby resign as MANAGING MEMBER  
(Title)

of CONWAY PROFESSIONAL BUILDING, LLC,  
(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.

By: CONWAY PROFESSIONAL BUILDING, LLC  
MANAGEMENT CONSULTANTS OF CENTRAL FLORIDA, INC.

David C. Delgado  
(Signature of resigning manager, managing member or member)

DAVID C. DELGADO, PRES

**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

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