## L01000010466

| (Requestor's Name)                      |  |  |  |  |
|-----------------------------------------|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
|                                         |  |  |  |  |
|                                         |  |  |  |  |
|                                         |  |  |  |  |
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Office Use Only



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RECKETARY OF STATE

ALL ALLASSEE EL CONTA

N. Cultigran FEB - 7 2812.

## **COVER LETTER**

TO:

CR2E079 (5/06)

| TO:                      | _         | stration Section<br>ion of Corporations       |                                       |                                              |  |  |
|--------------------------|-----------|-----------------------------------------------|---------------------------------------|----------------------------------------------|--|--|
|                          | Divis     | non or corporations                           |                                       |                                              |  |  |
| SUBJ                     | ECT:      | ECT: Weistana Properties, LLC.                |                                       |                                              |  |  |
|                          |           | (Name of L                                    | imited Liability Con                  | npany)                                       |  |  |
| The e                    |           | I member, managing member                     | or manager resig                      | nation and fee(s) are submitted for          |  |  |
| Please                   | ereturn   | all correspondence concerning                 | ng this matter to:                    |                                              |  |  |
| Diar                     | na Ale    | exandra Quijano                               |                                       |                                              |  |  |
|                          |           | (Contact Person)                              |                                       | -                                            |  |  |
|                          |           | ,                                             |                                       |                                              |  |  |
|                          |           | (Firm/Company)                                |                                       | -                                            |  |  |
| 109                      | 2 Tea     | isel Lane                                     |                                       |                                              |  |  |
|                          |           | (Address)                                     |                                       | -                                            |  |  |
| Nap                      | erville   | e, IL 60564                                   | ·                                     |                                              |  |  |
| <u>-</u>                 |           | (City/State and Zip Code)                     | · · · · · · · · · · · · · · · · · · · | -                                            |  |  |
| For fu                   | ırther ir | nformation concerning this ma                 | atter, please call:                   |                                              |  |  |
| Diar                     | na Ale    | exandra Quijano                               | at ( 630                              | , 229-6007                                   |  |  |
|                          | (N        | ame of Contact Person)                        | (Area Code                            | & Daytime Telephone Number)                  |  |  |
| Enclo                    | sed ple   | ase find a check made payable \$25 Filing Fee | e to the Florida D                    | Department of State for:<br>155 Filing Fee & |  |  |
|                          |           | _ ·                                           |                                       | Certified Copy                               |  |  |
| STRE                     | EET/C     | OURIER ADDRESS:                               |                                       | MAILING ADDRESS:                             |  |  |
| Registration Section     |           |                                               |                                       | Registration Section                         |  |  |
| Division of Corporations |           |                                               |                                       | Division of Corporations                     |  |  |
|                          | n Build   |                                               |                                       | P.O. Box 6327                                |  |  |
|                          |           | ive Center Circle<br>Florida 32301            |                                       | Tallahassee, Florida 32314                   |  |  |
|                          |           |                                               |                                       |                                              |  |  |





## 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<br>sistana Properties, LL | it appears on the records of the Florida Department |
|------------------------------------------|--------------------------------------------------------|-----------------------------------------------------|
| 2. This limited liab                     | ility company was organized                            | d under the laws of:                                |
| 3. The Florida doc<br><u>L01000010</u>   | <del>-</del>                                           | f this limited liability company is:                |
| / <del>-</del>                           | kandra Quijano                                         | , hereby resign as a Managing Member                |
| of this limited lia<br>resignation in wr | • •                                                    | e limited liability company has been notified of my |
| Weana Signature of Resi                  | allyaudra gning Member, Managing M                     | Guyaud<br>lember or Manager                         |
| Filing Fee:<br>Certified Copy:           | \$25.00 (Required)<br>\$30.00 (Optional)               |                                                     |