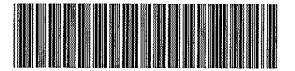
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SECRETARY OF SIGHT.

(0) S488

COVER LETTER

TO:

Registration Section

Division of Corporations	
	at Leeward Estates Phase I, 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 conce	rning this matter to the following:
Ivan Garcia, I	가.D. 실일
(Name of Person	CCR SA
Business Cons	ultant HETAS
(Firm/Company)	E C
411 Greve R	SECRETARY OF STATE of
(Address)	* *****
Pensacola, Flori	
(City/State and Zip 6	Ode)
For further information concerning this	s matter, please call:
Ivan Garcia, Ph.D.	at (850) 626-3303 Ext. 1009
(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
CR2E079 (8/05)	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Robert C	. Vail	, hereby resign as _	Managing:	Memb	er	
			(Title)		5	
ofSi	impatico at Leeward Esta	tes Phase I, LLC			AUG.	Andread Section 1975.
	(Limited Liability	Company)		1882	10	j ~~~
a limited liability compan	ny organized under the laws	of the State of F	lorida	F OF	=	
and affirm that the limited	d liability company has been	n notified in writin	g of the resign	ation.	0: 1-7	
	Mullu	w		and the second	i .	_ =
(Signatu	re of resigning manager, ma	anaging member or	member)			

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