L0300000 a8/08

(Reque	stor's Name)			
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COVER LETTER

Division of Corporations			
SUBJECT: RIEDEL AND (Name of Limite	ASSOCTATES L.L.C.		
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:		
STEVEN J. RTEOFT (Contact Person)	 -		
LIFESTYLE CABENE	2001 SEP -7 P 1: 21 SECRETARY OF STATE ALLAHASSEE, FLORID		
915 SE 14W PL, #	P-7 P NSSEE. FLG		
CAPE CORNE FLA. 2 (City/State and Zip Code)	33990 REP 24		
For further information concerning this matter	, please call:		
STEVEN J, RIGORI (Name of Contact Person)	at (239) 633-1319 (Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the of State is:	limited bility company as	it appears on the records	s of the Flori	da Departmen	ıt
2. This limited liab	ility company was organized	l under the laws of:			
FLORES	A	·	SEI TALL	200	
3. The Florida docu LO300 4. I. Pennu	ument/registration number of 28/08 1 April Rede	f this limited liability con	RY OF	7001 SEP -1 President	6
of this limited lial resignation in wr	bility company and affirm thiting. gning Member, Managing N	e limited liability compa	Prin.	. •	7
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				