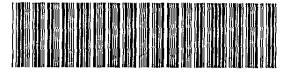
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(Re	equestor's Name)		
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SECRETARY OF STATE,
ALLAHASSEF FLORE,

63,38169 Col

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Tuscany at Bay Heights LL (Name of Limit	.C ted Liability Com	pany)		
Dear Sir or Madam:				
The enclosed Resignation of Member, Managing	Member or Ma	anager and fee(s) are submi	tted for filing.	
Please return all correspondence concerning this n		-		
rease return an correspondence concerning this is	nation to the re	mowing.		
Henry Sacorro				
(Name of Person)				
Tuscany at Bay Heights, LLC				
(Firm/Company)		-	2006 SEI	
1221 sw 27 ave #301			2005 SEP 30 SECRETARY ALLAHASSE	#4 <u>~</u> \$ \$
(Address)		-		ryonani E
Miami Florida 33135			AMII: 34 Of State Se. Florida	- 4154 4 E
(City/State and Zip Code)		_		•
For further information concerning this matter, ple	ease call:		∰'' ₽	
Henry Sacorro	at (305) 642-2330		
(Name of Person)		e & Daytime Telephone Nu	mber)	
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 3231	4	
Enclosed is a check for the following amount:				
X \$25 Filing Fee CR2E079 (8/05)		\$55 Filing Fee & Certified Copy		



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Henry Sacorro	_, hereby resign as _	Manage (Title)		
of Tuscany at Bay Heights, LLC (Limited Liabili	ty Company)			
a limited liability company organized under the law and affirm that the limited liability company has be (Signature of resigning manager,)	een notified in writin	ng of the resignation CRE ARY	SEP 30	and the second

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