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TRANSMITTAL LETTER

SUBJECT: CARINA GROUP (Name of Corporation)
(Name of Corporation)
DOCUMENT NUMBER: <u>L030000 39529</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alice Mc Elnoy (Name of Person)
CARINA GROUP (Name of Firm/Company)
2477 Sw 22 nd Tennace [Address]
Pembrolce Pina FL 33145 (City/State and Zip Code)
For further information concerning this matter, please call:
Rick Boucitor at (954) 253 2869 (Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section Division of Corporations

TO:

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 6, 2004

ALICE MCELROY CARINA GROUP 2477 SW 22ND TERRACE PEMBROKE PINES, FL 33145

SUBJECT: CARINA GROUP LLC Ref. Number: L03000039529

We have received your document for CARINA GROUP LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have completed the wrong form. You must complete a form for a limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Letter Number: 104A00058028

Diane Cushing Document Specialist

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

	, Richard Bawlor
I,	hereby resign as Maxim
of_	CARING GROUP (Limited Liability Company)
a lim	ited liability company organized under the laws of the State of Florida,
and a	affirm that the limited liability company has been notified in writing of the resignation.
	Rihad Bauchan
	(Signature of resigning manager, managing 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