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| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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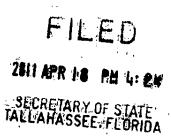
EXAMINER

COVER LETTER

| | istration Section sion of Corporations | |
|---|---|---|
| SUBJECT: | Clocktower Plaza, L | .LC |
| | | nited Liability Company) |
| The enclose filing. | d member, managing member o | r manager resignation and fee(s) are submitted for |
| Please return | n all correspondence concerning | g this matter to: |
| Michael | l F. Aranda | |
| | (Contact Person) | |
| Clockto | wer Plaza, LLC | |
| | (Firm/Company) | |
| PO Box | 32602 | |
| | ` (Address) | |
| Palm Be | each Gardens, Florid | a 33420 |
| • | (City/State and Zip Code) | |
| For further i | nformation concerning this mat | ter, please call: |
| | F. Aranda Name of Contact Person) | _at (561) 722-6590 (Area Code & Daytime Telephone Number) |
| Enclosed ple | ease find a check made payable \$25 Filing Fee | to the Florida Department of State for: \$55 Filing Fee & Certified Copy |
| Registration Division of (Clifton Build 2661 Execut | Corporations | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |

CR2E079 (5/06)





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 | limited liability company as | it appears on the records | of the Florida Department |
|--|--|-------------------------------|---------------------------|
| of State is: Clo | cktower Plaza, LL | С | |
| 2. This limited liab | ility company was organized | I under the laws of: | |
| 3. The Florida docu | ment/registration number of 5645 | f this limited liability comp | pany is: |
| 4.1, Michael F | . Aranda | , hereby resign as a | MGR |
| (Print No | ame of Person Resigning) | | (Print Title) |
| of this limited liab resignation in wri | oility company and affirm the | e limited liability company | y has been notified of my |
| Signature of Resignature | gning Member, Managing M | lember or Manager | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | |