L04000021603

(Requestor's Name)			
(Address)			
·			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
			
Special Instructions to Filing Officer:			





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SEGRETARY OF STATE
TALLAHASSFE, FLORID

D. BRUCE

AUG 5 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations					
Division of Corporations					
SUBJECT: A.F. OF GRIFFIN ROAD, LLC.					
(Name of Limited Liability Company)					
The enclosed member, managing member or manager resigning.	gnation and fee(s) are subm	itted fo	r		
Please return all correspondence concerning this matter to:					
ALEXANDER FERNANDEZ					
(Contact Person)	-				
AF MANAGEMENT	_	SEC	ON RO	ALEXANDE VALUE	
(Firm/Company)		¥∺	AUG.		
12323 SW 55TH STREET, SUITE 1007	_	ASSE ASSE	+-	f	
(Address)	_	E C	A		
SOUTHWEST RANCHES, FL 33330		STA!	AH 11: 25		
(City/State and Zip Code)	<u>-</u>	DA A	ണ്		
For further information concerning this matter, please call:	•				
ALEXANDER FERNANDEZ at (954	\ 885 - 1021				
	& Daytime Telephone Number	er)			
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$\$	Department of State for: \$55 Filing Fee & Certified Copy				
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section				
Division of Corporations	Division of Corporations				
Clifton Building	P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32301	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 ap of State is: A.F. OF GRIFFIN ROAD, LI	
2. This limited liability company was organized und FLORIDA	er the laws of:
3. The Florida document/registration number of this L04000021663	limited liability company is:
4. I, LOURDES FERNANDEZ (Print Name of Person Resigning) of this limited liability company and affirm the limited resignation in writing.	, hereby resign as a Manager and Member (Print Title) ited liability company has been notified of my
Signature of Resigning Member, Managing Members Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	OR AUG -4 AN 11:22 SECRETARY OF STATE TALLAHASSEE, FLORIC