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CERTIFI 7890 PE SUITE G PLANTA	TH B. SANDLER ED PUBLIC ACCOUNTER'S ROAD 3-107 TION, FLORIDA 3332	
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT	MAIL MAIL
(Bu	siness Entity Name)	,
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
		3/15
	Office Use Only	CHIL



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03/14/05--01028--005 **25.00

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

1, <u>Pat</u>	Cray	, hereby resign as _ <u>Marager</u> (Title)	
of 83	37 NW	1 St Ave. LLC (Limited Liability Company)	
		ized under the laws of the State of Florida.	
and affirm th	at the limited liabilit	y company has been notified in writing of the resignation.	***7
	(Signature of rea	"	
	(Signature of res	igning manager, managing member or member)	in a grand

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