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### **COVER LETTER**

	stration Section tion of Corporations	
SUBJECT:	PARK AVENUE VILLAS,	LLC
	(Name o	f Limited Liability Company)
Dear Sir or M	ladam:	
The enclosed	Resignation of Member, Mana	ging Member or Manager and fee(s) are submitted for filing.
Please return	all correspondence concerning	this matter to the following:
	ANTOINE BOULOS	
	(Name of Person)	
	(Firm/Company)	<del></del>
	2102 E. PARK AVENUE	
	(Address)  TALLAHASSEE, FL 32301	
For further in	(City/State and Zip Code)  formation concerning this matt	er, please call:
	ANTOTNE ROHLOS (Name of Person)	at ()556_6660(Area Code & Daytime Telephone Number)
Registration Division of C Clifton Build 2661 Executi	Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a	check for the following amo	unt:
CD2E070 (9/04	<b>▼</b> \$25 Filing Fee	\$55 Filing Fee & Certified Copy



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

BOULOS GROUP, LLC	
I, (BY ANTOINE BOULOS, MANAGING MEMBER) hereby resign as	MANAGING MEMBER
, , , , , , , , , , , , , , , , , , , ,	(Title)
ofPARK AVENUE VILLAS, LLC	
(Limited Liability Company)	
a limited liability company organized under the laws of the State of	LORIDA
and affirm that the limited liability company has been notified in writing	
(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