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COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: A B INVESTMENTS LLC (Name of Limited Liability Company) | |
| Dear Sir or Madam: | |
| The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| ARI BANEGAS (Name of Person) | |
| AMERICAN ERCHANGE GROUP (Firm/Company) | |
| 999 Ponce LE LEDA Blud #705 | 7 |
| (Address) Collac GABLES FL 3313 Y (City/State and Zip Code) Collac GABLES FL 3313 Y (City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| (Name of Person) at (305) 445-1525 (Area Code & Daytime Telephone Number) | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | |
| Enclosed is a check for the following amount: | |
| \$25 Filing Fee \$\times \text{Certified Copy}\$ | |

CR2E079 (8/05)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

| I, ADAM BRAND, hereby resign as MANAGONG MEM | BER | |
|--|---|---|
| (Title) | | |
| of A+BINVESTMENTS LLC | , | |
| (Limited Liability Company) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| . PS | 96 | |
| a limited liability company organized under the laws of the State of FLORI OA SQ | 06 007 | |
| and affirm that the limited liability company has been notified in writing of the resignation. | 27 | |
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| FLORIDA | 10: 54 | |
| (Signature of resigning marager, 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

CR2E079 (8/05)