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C. LEWIS

AUG - 3 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Morano 2409, LLC (Name of Limited Liability Company)						
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to:						
Rosalba Useche (Contact Person)						
Morano 2409, LLC (Firm/Company)						
1900 N Bayshore Dr. Apt. 4301						
Miami, FL 33132 (City/State and Zip Code)						
For further information concerning this matter, please call:						
Rosalba Useche at (305) 514-0249 (Name of Contact Person) (Area Code & Daytime Telephone Number)						
Enclosed please find a check made payable to the Florida-Department of State for: \$25 Filing Fee \$ Certified Copy						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Constant of Corporations Constant of Corporations P.O. Box 6327 Constant of Corporations Constant of Corporations P.O. Box 6327 Constant of Corporations Constant of Corporations P.O. Box 6327 Constant of Corporations Constant of Corporations Constant of Corporations P.O. Box 6327 Constant of Corporations Constan						



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FILED

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SECHETARY OF STATE TALLAHASSEE FLORIDA

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 rec	ords of the Florid	ia Department
of State is:	Morano 240	9, LLC		
		4		
2. This limited light	ility company was organi	ized under the lawe of		
<u>.</u>		ized under the laws of.		
florid	9	•		
3. The Florida docu	iment/registration numbe	r of this limited liability	company is:	
L04000	0046860			
		· .	·	
4. I, <u>Rosa</u>	Arosta	, hereby resign	asa Man	aaer
	ame of Person Resigning)	,,	(Print	Title)
of this limited lial	bility company and affirm	n the limited liability co	mpany has been i	notified of my
resignation in wri	lting.			_
)	•	
	gning Member, Managin		4.	•
Signature of Resi	gning Member, Managin	g Member or Manager		
		Service of the servic		•
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			