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FILL OF STATE SECRETARY OF STATE OF CORPORATIONS

J. BRYAN NOV 2 0 2006

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Offortonit/ Invest (Name of Limited Liabil)	ments CCC
(	
The enclosed member, managing member or manage filing.	r resignation and fee(s) are submitted for
Please return all correspondence concerning this matter	ter to:
(Contact Person)	
(Contact Person)	
Offentunity Investments (Firm/Company)	06 NO
(Firm/Company)	
8888 Cypress Preserve RC (Address)	06 NOV 17 AH 11: 32
(Address)	
FT Mex FC 339/2 (City/State and Zip Code)	22
(City/State and Zip Code)	
For further information concerning this matter, please	e call:
$\frac{nA1}{\text{(Name of Contact Person)}} \text{at } (23)$	39,248-2182
(Name of Contact Person) (Area	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo \$25 Filing Fee	orida Department of State for:
5 523 Fining Fee	Certified Copy
•	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	mited liability company as it ap	-	of the Florida Dep	
2. This limited liability	ty company was organized unc		·	DE NOV 17
3. The Florida docum	ent/registration number of this	limited liability com	pany is:	AH 11: 32
4. I, <u>L15 a</u> (Print Nam	Highen ne of Person Resigning)	, hereby resign as a _	men ber (Print Title)	·
of this limited liabil resignation in writin	ity company and affirm the lining.	nited liability compan	y has been notified	ofmy
Signature of Resign	ing Member, Managing Memb	per or Manager		
Filing Fee: Certified Copy:	`			

CR2E079 (5/06)