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(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
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ASION OF CORPORATIONS

COVER LETTER

COVEREDITER			
TO: Registration Section Division of Corporations			
SUBJECT: Remobilition of Limited Liability	y 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:		
Esteban Garcia. (Name of Person)	<u> </u>		
(Firm/Company)	DE APR 12		
6940 Bamboo 57 .	2 PH 4: 46		
Hialeah EC 33014. (City/State and Zip Code)			
For further information concerning this matter, please call:			
(Name of Person) (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	\$55 Filing Fee & Certified Copy		

CR2E079 (8/05)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

OF APR 12 PM 1: 46

Notary Public State of Florida Rodrigo A Arguello My Commission DD382684 Expires 01/02/2009

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I,	Esteban Garcia, hereby resign as MmB/2. (Title)			
of	Rendez vous on The Lakes, LLC. (Limited Liability Company)	>		
a limited liability company organized under the laws of the State of <u>Floride</u> .				
and a	ffirm that the limited liability company has been notified in writing of the resignation.			

(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