

L04000052614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

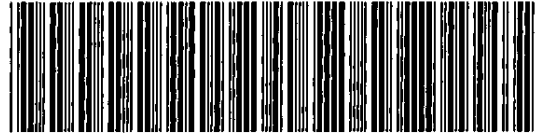
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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L04-52614
OK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 477 MANAGEMENT, L.L.C.
(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:

CONSTANZA L. PROFETA
(Name of Person)

477 MANAGEMENT, L.L.C.
(Firm/Company)

10556 NW 26TH STREET - STE. D 101
(Address)

DORAL, FL. 33172
(City/State and Zip Code)

For further information concerning this matter, please call:

CONSTANZA L. PROFETA at (305) 629 8191
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

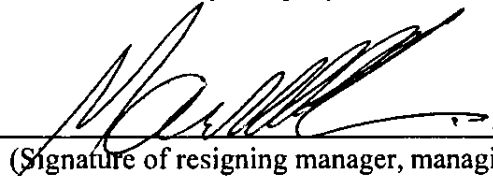
RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, MAURO SCATTOLINI, hereby resign as MGR.
(Title)

of 477 MANAGEMENT, L.L.C.
(Limited Liability Company)

a limited liability company organized under the laws of the State of FLORIDA

and affirm that the limited liability company has been notified in writing of the resignation.


(Signature of resigning manager, managing member or member)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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