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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

V WINS

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Spiaggia 409, LLC (Name of Lin	imited Liability Company)	
Dear Sir or Madam:		
The enclosed Resignation of Member, Managing	ng Member or Manager and fee(s) are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Inna Medge		
(Name of Person)	-	
Spiaggia 409, LLC		
(Firm/Company)	_	
9499 Collins Avenue, Unit 409 (Address)	9	۵.
Surfside, FL 33154		
(City/State and Zip Code) For further information concerning this matter, p	please call: at (305) 899-1800 (Area Code & Daytime Telephone Number STRIDE	
Richard A. Golden	SR 0 at (305) 899-1800 문의 모	
(Name of Person)	(Area Code & Daytime Telephone Number 57	
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

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Inna Medge	, hereby resign as Managing Member (Title)		
of Spiaggia 409, LLC (Limited Liability	Company)		
(Linited Diability	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.			
I Medi			
(Signature of resigning manager, m	anaging 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