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(Requ	uestor's Name)	
. (Addr	ess)	
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(City/	State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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09/29/06--01053--025 **25.00

SECRETARY OF STATEMS
CIVISION OF CORPORATIONS
OF SEP 29 AM 8: 10

J. BRYAN OCT - 3 2006

COVER LETTER

SUBJECT: Harvest Trust Properties, LLC (Name of Limited Liability Company)	
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for	or filing.
Please return all correspondence concerning this matter to the following:	-
Luciano Fernandez (Name of Person) Harvest Trust Proporties LLC (Firm/Company) 18495 S. Dixie Huy #125 (Address)	SECRETARY OF STATEMS UNVISION OF 29 AM 8: 10
Miami F1 33157 (City/State and Zip Code)	
For further information concerning this matter, please call:	·
George Marques at (305) 283-0503 (Name of Persoh) (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)

TO:

Registration Section Division of Corporations



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I. Luciand Fernandez, hereby resign as	MGR (Title)
of Harvest Trust Properties, (Limited Liability Company)	LLC,
a limited liability company organized under the laws of the State of	
and affirm that the limited liability company has been notified in writin	g 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

OF SEP 29 AM 8: 1