## L040000 76814

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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SEURLTARY OF STATE
TALLAHASSEE, FLORI

ALLINHASSEE FLORIDA

RECEIVED



ACCOUNT NO. : 072100000032
REFERENCE : 607141 3487A
AUTHORIZATION: Spelbelena.
COST LIMIT : \$ 25.00
ORDER DATE: November 17, 2006
ORDER TIME: 11:05 AM
ORDER NO. : 607141-040
CUSTOMER NO: 3487A
RESIGNATION OF MEMBER/MANAGER  NAME: GRAN PARADISO II, LLC
XX RESIGNATION OF MEMBER/MANAGER
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Kathy Drake-EXT#2959
EXAMINER'S INITIALS:



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## SECRETARY OF STATES

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

	he limited liability com iran Paradiso II, L	pany as it appears on the records of the Florida Department LC
2. This limited li Florida	ability company was or	ganized under the laws of:
3. The Florida d L040000		mber of this limited liability company is:
4. I, Mary A. Rodgers (Print Name of Person Resigning)		, hereby resign as a Manager (Print Title)
•	liability company and a	ffirm the limited liability company has been notified of my
ma	ma. Rod	aging Member or Manager
Signature of R	esigning Member, Man	aging Member or Manager
Filing Fee:	\$25.00 (Required	) ·

CR2E079 (5/06)

Certified Copy:

\$30.00 (Optional)