## L04000839d

Office Use Only

G. MCLEOD

APR 13 2011

**EXAMINER** 



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04/12/11--01023--029 \*\*25.00

SECRETARY OF STATE ALLIAHASSEE, FLORIDA

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: 320 - 330, LLC. (Name of Limited L	ciability Company)
The enclosed member, managing member or man filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
MATHIEU ROCHETTE (Contact Person)	
320 / 330 LLC.	
555 NE 15th St # 200 (Address)	
Miani, FL 33132 (City/State and Zip Code)	<del></del>
For further information concerning this matter, pl	lease call:
Mike Perez at ( (Name of Contact Person)	786 ) 433-4693 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for:  \$55 Filing Fee &  Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

07 State 15.	320 330,					<del></del>		
2. This limited lial	ollity company was organiz	zed unde	r tho la	ws of:			» ř	
	Torida		-					
-			·				•	
3. The Florida doc	ument/registration number	of this l	imited	liability	 compan	v is:		
	40000 83906				VO	, ,		
	1.00.000	<del></del>				•		
4. I, Eric	Croiset	, 	hereby	resign a	IS B	Manager		
	lame of Person Resigning)					(Printfil	le)	
	bility company and affirm	the limi	ted liab	ility cor	npany h	as been noti	illed of m	y
resignation in wi	riting.							
				······································	- •			
Signature of Res	igning Member, Managing	Membe	r or Ma	mager				
	•	. •						
Filing Fee:	\$25.00 (Required)		•			н в	A SE	=
Certified Copy:	\$30.00 (Optional)							APR
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