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(Re	equestor's Name)		
(Ac	ldress)		
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(Cit	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
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J. BRYAN
NOV 1 9 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: 6-MISPROPERTIES, LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Daniel Coosemans

(Contact Person)

6-MISPROPERTIES, LLC

(Firm/Company)

1900 Sunset Harbour Dr, 2nd FL

(Address)

Miami Beach, FL 33139

(City/State and Zip Code)

For further information concerning this matter, please call:

Daniel Coosemans

_{at} (305)

8950891

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

■ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as	= =	the Florida Departn	nent —·
2. This limited liab Florida	ility company was organized	under the laws of:		
3. The Florida docu L040000931	ument/registration number of	f this limited liability compa	any is:	
(Print Name of Person Resigning)		, hereby resign as a Manager (Print Title) limited liability company has been notified of my		
Signature of Res	gning Member, Managing N	Tember or Manager	2012 NOV 16 SECRETARY TALLAHASS	<u> </u>
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		Y OF STATE EE. FLORIDA	