# L05000010920

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
_				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Constitution of the Consti				
Special Instructions to Filing Officer:				
OCT - 4 2012;				
S. TONER				
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SECRETARY OF STAR

#### **COVER LETTER**

TO:

CR2E079 (5/06)

Registration Section
Division of Corporations

HOLLY REAL ESTATE INVESTMENT, L.L.C. **SUBJECT:** (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: William Holly (Contact Person) (Firm/Company) % 1395 Brickell Avenue, Suite 700 (Address) Miami, FL 33131 (City/State and Zip Code) For further information concerning this matter, please call: Juan Rodriguez, Esq. (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: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301



### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

#### FILED 12 OCT -3 AM IO: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of the HOL of State is:	limited liability company as LY REAL ESTATE INVES	s it appears on the records STMENT, L.L.C.	of the Florida Department
Florida	lity company was organized		
L0500001092	ment/registration number o	·	npany is:
4. I,		, hereby resign as a	Manager (Print Title)
	ility company and affirm th		
Signature of Resignature	gning Member, Managing N	 Member or Manager	
_	\$25.00 (Required) \$30.00 (Optional)		