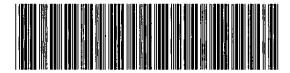
## L05000000878

(Re	questor's Name)			
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SECRETARY OF STATE

D. BRUCE
MAY 0 5 2008

EXAMINER

## COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI		erty Holdir		<del>-</del>
	(Name of Emm	wa Diabiniy Cor	npany,	
The enfiling.	iclosed member, managing member or	manager resig	nation and fee(s) are submitted	d for
Please	return all correspondence concerning t	this matter to:		
	Jozef Jaskiewicz			
	(Contact Person)		_	
	Summit Property Holdir	ngs	TAL SE	2 00
	(Firm/Company)		- LAH	YAN
	20602 Broadwater Drive	€	ASSE	-2
	· (Address)		- म	PR
	Land O Lakes, FL 3463	38		PH I: I
	(City/State and Zip Code)		ĎΑ	n
For fu	rther information concerning this matte	r, please call:		
	Jozef Jaskiewicz	at ( 813	<sub>\</sub> 545-1335	
	(Name of Contact Person)		& Daytime Telephone Number)	<b></b>
Enclos	sed please find a check made payable to \$25 Filing Fee		Department of State for: \$55 Filing Fee & Certified Copy	
	ET/COURIER ADDRESS:		MAILING ADDRESS:	
_	tration Section		Registration Section	
	on of Corporations		Division of Corporations	
	n Building		P.O. Box 6327	
	Executive Center Circle assee, Florida 32301		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

1. The name of th of State is:	e limited liability company as i Summit Pro	t appears on the records of perty Holdings, LLC		nent 
2. This limited lia	bility company was organized Florida	under the laws of:	08 MAY -2 SECRETARY TALLAHASSI	
	cument/registration number of .05000012878	this limited liability compa	PH I: II	
T. 1,	ew Jaskiewicz Name of Person Resigning)	, hereby resign as a	Manager (Print Title)	
of this limited li resignation in w	ability company and affirm the riting.	limited liability company	has been notified of	my
4	then colleurs	<del></del>		
Signature of Re	signing Member, Managing M	ember or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			