050000/7507

(Requestor's Name)		
(Address)		
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(Address)		
,		
(City/Chata/Tin/Dhana 40		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Codified Coning Codificates of Status		
Certified Copies Certificates of Status		
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Special Instructions to Filing Officer:		
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Office Use Only



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SECRETARY OF STATE OF CORPORATIONS OF CORPORATIONS

J. BRYAN

APR - 1 2008

EXAMINER



COVER LETTER

TO: Registration Section	
Division of Corporations	•
•	
SUBJECT: Pineapple Cove Developers, LI	LC.
(Name of Limited Liability	
(France of Limited District)	Company)
The enclosed member, managing member or manager refiling.	esignation and fee(s) are submitted for
Please return all correspondence concerning this matter	to:
Gregorio Barreneche	
(Contact Person)	
(Firm/Company)	- Committee of the Comm
3356 Bird Avenue, #3	
(Address)	
	·
Coconut Grove, Florida 33133	
(City/State and Zip Code)	
The first of formation and the state of the	-11
For further information concerning this matter, please ca	au:
One mayin Dayman ash a	
Gregorio Barreneche at (
(Name of Contact Person) (Area Co	ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Florid	is Department of State for
\$25 Filing Fee	\$55 Filing Fee &
[V] 027 15 1 00	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	
CR2E079 (5/06)	w.

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 the limited liability company as it ap of State is: Pineapple Cove Developers	
2. This limited liability company was organized und Florida	er the laws of: OR MAR 31 PH 3: 56
3. The Florida document/registration number of this L05000017507	limited liability company is: မှု
4. I. Katihuska Barreneche	, hereby resign as a MGRM
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm the lim resignation in writing.	ited liability company has been notified of my
Signature of Resigning Member, Managing Memb	er or Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	