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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 16465 NE 32 Ave (Name of Limited	d Liability Company)	
Dear Sir or Madam:		
The enclosed Resignation of Member, Managing M	lember or Manager and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Abraham Cisen (Name of Person)		
16465 N# 32 AV C	la	
2069 SW 31 AV (Address)		
(Address)		
Pembooke Park K1 3	3009	
(City/State and Zip Code)		
For further information concerning this matter, plea		
Abraham Elsen (Name of Person)	t(786) 280 130 Z	
(Name of Person)	(Area Code & Daytime Telephone Number)	
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	
Enclosed is a check for the following amount:	·	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

CR2E079 (8/05)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Vivian E Sugar, hereby resign as Kanage R (Title)			
(Title)			
of 16465 NE 32 Ave LLC			
(Limited Liability Company)			
a limited liability company organized under the laws of the State of TLOGIDA			
and affirm that the limited liability company has been notified in writing of the resignation.			
. /			
Vivare See as			
(Signature of resigning manager, managing member or member)			

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SECRETARY OF STATE DIVISION OF CORPORATION