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J. SAULSBERRY EXAMINER

MAY 19 2011

COVER LETTER

CR2E079 (5/06)

TO:	Registration Section Division of Corporations				
SUBJ	ECT: A.G PALM I INVESTME	NTS, LLo	C mpany)		
The enfiling.	nclosed member, managing member or n	nanager resi	gnation and fee(s) are subn	nitted	for
Please	e return all correspondence concerning th	his matter to	:		
ELE	NA MONIZ		_	4	~
	(Contact Person)			SECRETA	BII MAT 10
	(Firm/Company)		-	SSEE.	
1638	88 SW 30TH ST			FLIST	
	(Address)		_	ORIO P	•
MIR.	AMAR, FL 33027				
	(City/State and Zip Code)		_		
For fu	orther information concerning this matter	, please call	:		
ELE	NA MONIZ	at (7 <u>54</u>	422-3722 e & Daytime Telephone Num	<u>-</u>	
	(Name of Contact Person)	(Area Code	e & Daytime Telephone Num	ber)	
Enclos	sed please find a check made payable to \$\sqrt{1}\$25 Filing Fee		Department of State for: \$55 Filing Fee & Certified Copy		
Regist Divisi Clifto 2661	tration Section ion of Corporations n Building Executive Center Circle nassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 3231		



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 it		of the Flor	ida Depa	rtment
of State is: A.G	PALM I INVESTMEN	TS, LLC		Ass	26
	lity company was organized u			CRETARY OF STA	HAY 18 PH 3: 09
3. The Florida docu <u>L05000041</u>	ment/registration number of th	nis limited liability con	npany is:	ST	9
4. I, JOSE A. G	ONCALVES	, hereby resign as a	MGRM		
/ 	me of Person Resigning)		(Print Title)		
of this limited liab resignation in write	ility company and affirm the laing.	imited liability compar	ny has been	notified	of my
Signature of Resig	ning Member, Managing Men	nber or Manager			
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				