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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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FILED SECRETARY OF STATE OF CORPORATIONS

COVER LETTER

Registration Section

Division of Corporations	
SUBJECT: WALDEN HOLDINGS, LLC	
(Name of Limited Liability	Company)
The enclosed member, managing member or manager rafiling.	resignation and fee(s) are submitted for
Please return all correspondence concerning this matter	r to:
LAWRENCE A. SAICHEK	
(Contact Person)	
	07 NOV -5
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
(Firm/Company)	ى ت
601 BRICKELL KEY DRIVE SUITE 505	
(Address)	
MIAMI, FL 33131	
(City/State and Zip Code)	
For further information concerning this matter, please of	call:
	5
LAWRENCE A. SAICHEK at (30	577-3902 Code & Daytime Telephone Number)
(Name of Contact Person) (Area C	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flori	da Department of State for:
	\$55 Filing Fee &
٠ بص	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

CR2E079 (5/06)

Tallahassee, Florida 32301



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 of State is: WA	e limited liability company as ALDEN HOLDINGS, L	it appears on the records	of the Florida Papa	Pinent Fision Pinent Pi
2. This limited lial FLORIDA	oility company was organized	l under the laws of:	7-5 PM 5: 00	OF CORPORATIONS
3. The Florida doc L0500004	cument/registration number of 1231	f this limited liability con	npany is:	G,
4. l. BRIAN F.	SASTRE	, hereby resign as a	MANAGER	
	Name of Person Resigning)	,,	(Print Title)	
resignation in w	ability company and affirm the riting and af		ny has been notified	of my
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			