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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

TO: Registration Section
Division of Corporations

SUBJECT: ARTS REARTY of South Pluida LLE
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

	Donna Amerina	
ARTS Re	(Name of Person) alty of South Koula, LCC	•
	(Firm/Company)	
2000 Ba	Address)	
Porpasso,	Beh PC 330 (2 City/State and Zip Code)	
· ·		

For further information concerning this matter, please call:

Donna Amerina	at (954)	610-3130
(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 CR2E079 (8/05)

\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Casey Dehuca	, hereby resign as(Title)
of ARTS REALTY (Limited Liabi	OF South Plance Lee lity Company)
a limited liability company organized under the la	iws of the State of Louds
and affirm that the limited liability company has b	
(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