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(Reques	stor's Name)	
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(City/Sta	ate/Zip/Phone #)	
PICK-UP] WAIT	MAIL
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DIVISION OF CORPORATION

COVER LETTER

LLC

TO: Registration Section Division of Corporations		
SUBJECT: MARAVILLAS AT I	WEST MIAM! TOWNHONES 33, Liability Company)	
The enclosed member, managing member or man filing.	nager resignation and fee(s) are submitted for	
Please return all correspondence concerning this	matter to:	
RAFAEL R-CABRER (Contact Person)	4	
MARAVILLAS AT WEST MIANI T (Firm/Company)	OWNHAMES 33, LLC	
10412 SW 23 7ER (Address)	- /	
MIAMI, EC. 3316 (City/State and Zip Code)	<u></u>	
For further information concerning this matter, p	lease call:	
RAFAEL R. CABRERA at (Name of Contact Person)	Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & 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

	nited liability company as it appears on the result of the second	-	rtment 	
2. This limited liability	ty company was organized under the laws of			
3. The Florida docum	ent/registration number of this limited liabil	ity company is:		
(Print Nam	L CABRERA, hereby resigner of Person Resigning) ity company and affirm the limited liability of	(Print Title)	—— of my	
resignation in writing		* or where the second s	9	Att
Signature of Resign	ing Member, Managing Member or Manage	 r	0 MAY 27	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		PH & I	