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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: SUBJECT: (Name of Limited Li		
The enclosed member, managing member or mana filing.	, , ,	
Please return all correspondence concerning this n	natter to:	
(Contact Person)	<u>/07</u>	
(Contact Person) (Contact Person) (Firm/Company)	and a second sec	ていてい
10622 SW 100 SF (Address)		Ţ
(City/State and Zip Code)	<u>'6</u>	
For further information concerning this matter, ple	ase call:	
(Name of Contact Person) at (786) 385-6924 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: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	

Tallahassee, Florida 32314

2661 Executive Center Circle

Tallahassee, Florida 32301

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	mited liability company as it app Anaveral fizza LLC		orida Do	epartme	nt
	ity company was organized unde		SEGRETARY OF	OILFEB - I AM	T
	nent/registration number of this l	imited liability company is:	FLORIDA	AM III: 59	0
4. I, Diana V	e of Person Resigning)	hereby resign as a Manag	(Ng M im Title)	lenber	/member
of this limited liabi resignation in writi	lity company and affirm the limit ng.	ed liability company has bee	n notifi	ied of m	у
Signature of Resign	ning Member, Managing Membe	r or Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				