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(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:		
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name	)
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## COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Pacini Deve Name of Limi	lopment ited Liability Company)	<u> </u>	
Dear Sir or Madam:			
The enclosed Resignation of Member, Managing	Member or Manager and fee(s) are submitted for	or filing.	
Please return all correspondence concerning this r	matter to the following:		
M/N / K/M (Name of Person)	<del>.</del>	_	
		SECS SECS	
(Firm/Company)  Roya Palm Beach F/. (City/State and Zip/Code)	Way_ 33414	OG MAY -2 PH 12: 25 SECRETARY OF STATE TALL AHASSEE FLOADA	門田
For further information concerning this matter, ple	ease call:		
MIN V. KIM (Name of Person)	at (561) 63-68/8 (Area Code & Daytime Telephone Number)	<del>-</del>	
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	\$55 Filing Fee & Certified Copy		



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

### RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, MIN Y. KIM hereby resign as Managing Member
of Pacini Development 3 (Limited Liability Company)
a limited liability company organized under the laws of the State of
and affirm that the limited liability company has been notified in writing of the resignation.
May Kin
(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