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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Section Division of Corporations	•••
SUBJECT: Bonaire 6, LLC (Name of Limit	ted 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 i	natter to the following:
Erika Pastoriza	<u> </u>
(Name of Person)	
Luis Adelantado Miami Gallery	
(Firm/Company)	
98 NW 29 ST	
(Address)	
Miami, FL 33127	
(City/State and Zip Code)	
For further information concerning this matter, pl	ease call:
Erika Pastoriza	at (305) 438-0069
(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, Ignacio Chulia	, hereby resign as Manager
	(Title)
of Bonaire 6, LLC	•
(Limited Li	ability Company)
a limited liability company organized under the	e laws of the State of Florida
and affirm that the limited liability company ha	is been notified in writing of the resignation.
(Signature of resigning manage	TALLAR OF MEMber of member) TALLAR OF MARKET SECRET SECRE
*	PH 1:57

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