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SECRETARY OF STATEONS
SIVISION OF CORPORATIONS
OR OCT 16 PM 1: 08

J. BRYAN

OCT 17 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: 1005 Building Hisleah, LLC (Name of Lingled Liability Company)	
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to:	
Jose F. Uz (Contact Person)	CityISION or co
(Firm/Company)	Of Cours
5931 NW 173 DR, #11	
MiAMI FI 33015 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Tost F. Uz  (Name of Contact Person)  at (305) 889-1100  (Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee \$  Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327	

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as  005 Building		
2. This limited liab	lity company was organized	under the laws of:	
3. The Florida docu	ment/registration number of	·	
•	F. Uz ame of Person Resigning) bility company and affirm th		MANAGER / WE M BEK (Print Title) has been notified of my
resignation in wri		e illineed maziniy eoiiqixiiy	in the second morning of the second may
Signature of Resi	gning Member, Managing N	1ember or Manager	SECRETAR SIVISION OF C
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		CORPORATION 6 PH 1: 08