L05000108531

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(City/State/Zip/Phone #)			
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ESECRETARY OF STATE

O. LEWIS OCT 2 0 2010 EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: TROPICAL GROUP INVES	TMENTS THREE LLC		
(Name of Limited Liability Company)			
The enclosed member, managing member or managiling.	ger resignation and fee(s) are submitted for		
Please return all correspondence concerning this m	atter to:		
DAVID E. ANDERSON			
(Contact Person)			
(Firm/Company)			
941 NW 45th AVENUE			
(Address)			
COCONUT CREEK, FL 33066			
(City/State and Zip Code)	***************************************		
For further information concerning this matter, please call:			
DAVID E. ANDERSON at (954 \ 972-5520		
	rea Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for:			
\$25 Filing Fee	\$55 Filing Fee &		
V 425 7 mmg : 44	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		
Tallahassee, Florida 32301			

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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SECRE FARY OF STATE
TALLAHASSEE, FLORIDA

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

		it appears on the records of the Florida Department ESTMENTS THREE LLC
2. This limited liab	pility company was organized	under the laws of:
3. The Florida doc L0500010		this limited liability company is:
4. I, PETER J. DANAHER		, hereby resign as a MANAGER
(Print Name of Person Resigning)		(Print Title)
of this limited lia resignation in wr		limited liability company has been notified of my
Deta	Daraher	
Signature of Res	igning Member, Managing Me	ember or Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	