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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE APR 7 2009 EXAMMER

## **COVER LETTER**

Division of Corporations		
SUBJECT: 2330 LLC (Name of Limited Liab	Dility Company)	
The enclosed member, managing member or managiling.	ger resignation and fee(s) are subn	nitted for
Please return all correspondence concerning this ma	atter to:	
Dinorah R. Pewas	bad	
(Firm/Company)	<del></del>	O9 AP
13341 Sw6 DLL	eet	ASSEE, F
Miani Dlovida 32 (City/State and Zip Code)	3184	ED PH 12: 47 OF STATE E. FLORIDA
For further information concerning this matter, plea	ase call:	
Dinorah R. Penabad at (Ar (Name of Contact Person) (Ar	786) 443-65- rea Code & Daytime Telephone Num	7 / lber)
Enclosed please find a check made payable to the F \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy	
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 3231	

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

			rds of the Florida Department ted Irability Company
2. This limited liabi	• . • • •	anized under the laws of:	
	ment/registration numl	ber of this limited liability c	ompany is:
4. 1, N 1 0 1 C	Penabac ame of Person Resigning)	<u>d</u> , hereby resign as	sa Mauaget (MeRM) (Print Title)
of this limited liab resignation in wri		rm the limited liability comp	pany has been notified of my
Signature of Resig	gning Member, Manag	ring Member or Manager	09 TALL
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		APR-6 PHI2:4: CHETARY OF STATE AHASSEE, FLORID

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