L0500011685

(Requestor's Name)		
(Address)	000112567570	
(City/State/Zip/Phone #)		
(Business Entity Name) (Document Number)	12/03/0701022013 **75.00	
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COVER LETTER

Division of Corporations	
SUBJECT: 2300 PRA, LLC	
(Name of Limit	red Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted fo
Please return all correspondence concerning t	his matter to:
Ivette H. Leon, Esq.	
(Contact Person)	
Ivette H. Leon, P.A.	
(Firm/Company)	
12151 SW 128 Court, #101	
(Address)	
Miami, Florida 33186	
(City/State and Zip Code)	
For further information concerning this matter	r, please call:
Ivette H. Leon, Esq.	at (786) 348-2180
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



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 00 PRA, LLC	it appears on the records	of the Florida Department
2. This limited liab Florida	ility company was organized	under the laws of:	
3. The Florida doct L05000116	ument/registration number of 3885	this limited liability com	pany is:
4. I, Pedro Mor	ncada Vame of Person Resigning)	, hereby resign as a	Managing Member
	bility company and affirm the		
	P~3		
Signature of Resi	gning Member, Managing M	lember or Manager	
	\$25.00 (Required) \$30.00 (Optional)		

CR2E079 (5/06)

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SFCRETARY OF STATE