

Division of Corporations

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Florida Department of  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)205-0383

From:

Account Name : MOYLE, FLANIGAN, KATZ, RAYMOND, WHITE & KRASKER, P.A.  
Account Number : I20060000039  
Phone : (561) 659-7500  
Fax Number : (561) 659-1789

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**PGM BUILDERS LLC**

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**Moyle Flanigan Katz Breton White & Krasker, P.A.**

**FOR YOUR INFORMATION**

To: **Division of Corporation-Florida**  
Fax number: 1 850 205-0383  
  
From: **Leslie A. Hill**  
Fax number: 561-659-1789  
Home phone:  
Business phone: 561-822-0338  
  
Date & Time: 5/9/2007 11:33:13 AM  
Pages sent: 4  
Re: RE: Manager/Member Resignation-LLC

Please file the attached. Should you have any questions and/or comments, please do not hesitate to contact me. Thank you. Leslie Hill

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625 North Flagler Drive  
9th Floor  
West Palm Beach, FL 33401



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: PGM BUILDERS LLC

2. This limited liability company was organized under the laws of  
FLORIDA

3. The Florida document/registration number of this limited liability company is:  
L05000123698

4. I, Collin Forte, hereby resign as a MGR  
(Print Name of Person Resigning) (Print Title)  
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

X [Signature]  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
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**RESIGNATION AND ASSIGNMENT OF INTEREST**

I, COLIN FORTE, hereby resign my position as Managing Member effective immediately and assign my interest as a Member of PGM Builders LLC to Peter B. Giaquinto, Jr.

I hereby waive any right to entitlement of any assets of the company upon its ultimate dissolution.

  
COLIN FORTE

Date executed: 4/27/07

State of Florida

County of Palm Beach

Sworn to and subscribed before me, the undersigned authority, by COLIN FORTE, who is personally known to me or who has produced N/A as identification, this 27th day of April, 2007

  
Notary Public, State of Florida

Typed or Printed Name

My Commission Expires: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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JONATHAN A. BERKOWITZ  
MY COMMISSION # DD 235047  
EXPIRES: AUGUST 23, 2007