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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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COVER LETTER

SUBJECT: WORLD PROPERTIES INVESTMENTS LLC (Name of Limited Liability Company) The enclosed member, managing member or manager resignation and fee(s) are submitted filing. Please return all correspondence concerning this matter to: GERARDO SIERRA (Contact Person)	_	on of Corporations		
For further information concerning this matter, please call: Ana Luna (Name of Contact Person) Ana Check made payable to the Florida Department of State for: \$25 Filing Fee	SUBJECT:	WORLD PROPERTIES I (Name of Limit	NVESTMENTS LLC ed Liability Company)	
GERARDO SIERRA (Contact Person) WORLD PROPERTIES INV. (Firm/Company) 1005 W. Busch Blvd. Suite 204 (Address) Tampa, FL 33612. (City/State and Zip Code) For further information concerning this matter, please call: Ana Luna at (813 245)-2751 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$555 Filing Fee & Certified Copy		member, managing member or r	nanager resignation and	fee(s) are submitted fo
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\$25 Filing Fee & Certified Copy	(Na			Telephone Number)
	Enclosed plea	ise find a check made payable to \$25 Filing Fee	\$55 Filing F	ee &
STREET/COURIER ADDRESS:MAILING ADDRESS:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsClifton BuildingP.O. Box 63272661 Executive Center CircleTallahassee, Florida 32314Tallahassee, Elorida 32301	Registration S Division of C Clifton Buildi 2661 Executiv	Section orporations ing ve Center Circle	Registratio Division of P.O. Box 6	n Section f Corporations 327

CR2E079 (5/06)



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 l	imited liability company as	it appears on the records	of the Florida Dep	artment
of State is: WOR	LD PROPERTIES INV	ESTMENTS LLC		 ,
FLORIDA	lity company was organized	<u> </u>	2001 JUL -5 SECRETARY	
3. The Florida docu	ment/registration number o	f this limited liability com	P 4: 24 OF STATE LORIDA	O
4. I, PABLO GE		, hereby resign as a		
•	ume of Person Resigning)		(Print Title)	
of this limited liab	oility company and affirm the ting.	ne limited liability compa	ny has been notifie	d of my
1606e	mess			
Signature of Resi	gning Member, Managing I	Member or Manager		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Ontional)			