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J. SAULSBERRY EXAMINER

OCT 23 2012

COVER LETTER

Division of Corporations	
SUBJECT: MAMI DADELAND, LLC. (Name of Limited Liability Co	mpany)
The enclosed member, managing member or manager resigning.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	;
MICHAEL S. CEASE	
(Contact Person)	-
MICHAEL S. CEASE, P.A.	
(Firm/Company)	
225 ALCAZAR AVENUE	SECRETAR ALL AHASSI
TOOL IN COLUMN C (Address)	HOLDER HANDE BANKET AND STATE OF THE STATE O
CORAL GABLES, FL. 33134	
(City/State and Zip Code)	7.5
For further information concerning this matter, please call	AH '9: 15 FLORIDA
	445-4331
(Name of Contact Person) (Area Code	e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle (366)	P.O. Box 6327 —Tallahassee, Florida 32314
Tallahassee, Florida 3230 = NOE	1 ananassoo, 1 1011aa 525 17
CD2E070 (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 MI DADELAND, LLC		the Florida Department
2. This limited liab	ility company was organized	under the laws of:	
3. The Florida doct L0600001	ument/registration number of	this limited liability compar	ny is:
4. I, MICHAEL	S. CEASE ame of Person Resigning)	, hereby resign as a M	ANAGER (Print Title)
resignation in wr	bility company and affirm the		
-	gning Member, Managing M	lember or Manager	ZHZ G SECRL TALL AH
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		CT 22