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TAIL OF STATE

J. SAULSBERRY EXAMINER

OCT 23 2012

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: MAMI 7101 HOLDINGS LLC (Name of Limited Liability Con	npany)	
The enclosed member, managing member or manager resig filing.	nation 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)	and the	
225 ALCAZAR AVENUE		:
(Address)	AHASSE) })
CORAL GABLES, FL. 33134		
(City/State and Zip Code)	OF STATE E. FLORIDS	ž Ģ
For further information concerning this matter, please call:	ROS TO	'n
MICHAEL CEASE at 305	445-4331	
	& Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida I \$25 Filing Fee	Department of State for: \$55 Filing Fee &	
	Certified Copy	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS:	
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 MI 7101 HOLDINGS	it appears on the records of the Florida Depar	tment
2. This limited liab FLORIDA	ility company was organized	under the laws of:	
3. The Florida docu L06000012	_	f this limited liability company is:	
4. I, MICHAEL	S. CEASE Jame of Person Resigning)	, hereby resign as a MANAGER (Print Title)	
·	bility company and affirm th	e limited liability company has been notified of	of my
Signature of Resi	Igning Member, Managing N	1ember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	H-SSEE FLOR	T 1 E E E E E E E E E E E E E E E E E E