106000024623

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
. (Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Resign	
Office Hee Only	



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OB SEP 28 PH 1: U3
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Doral Group, LLC (Name of Limit	ed Liability Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing I	Member or Manager and fee(s) are submitted for filing
Please return all correspondence concerning this m	natter to the following:
Nick Felzen, Esq.	
(Name of Person)	
Estefano & Associates, P.A.	
(Firm/Company)	
9200 S. Dadeland Blvd, Suite 204	
(Address)	
Miami, FL 33156	
(City/State and Zip Code)	
For further information concerning this matter, ple	ase call:
Nick Felzen, Esq.	at (305) 670-1310
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
\$25 Filing Fée	\$55 Filing Fee &
CROPOTO (9/05)	Certified Copy



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, John Grandin	, hereby resign as Manager and Member
	(Title)
of Doral Group, LLC	
(Limited Liabili	ty Company)
a limited liability company organized under the lav	vs of the State of Florida -,
and affirm that the limited liability company has be	een notified in writing of the resignation.
TATE.	
Signature of resigning manager, 1	nanaging member or member)

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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SECRETARY OF STATE
TAULAHASSEE, FLORIN