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/Danu	antara Nama)		
(Requestor's Name)			
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(Address)			
. (Citv/S	tate/Zip/Phone	a #)	
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PICK-UP	L WAII	☐ MAIL	
(Business Entity Name)			
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(Document Number)			
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Certified Copies	Certificates	or Status	
Special Instructions to Filing Officer:			
Special instructions to Fill	ng Officer.	LS	
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Office Use Only



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SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DORAL GROUP LLC	Liability Company)
The enclosed member, managing member or ma filing.	
Please return all correspondence concerning this	s matter to:
(Contact Person)	
ESTEFANO & ASSOCIATES,	P.A.
(Firm/Company)	
9200 S. Dadeland Blvd., Suite	204
Miami, FL 33156	
(City/State and Zip Code)	
For further information concerning this matter, p	please call:
Craig S. Kirsch, Esq. at (Name of Contact Person)	(305) 670-1310 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	
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

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		the Florida Department
2. This limited liab	ility company was organized	under the laws of:	
3. The Florida doct L060000 2	ument/registration number of 24623	this limited liability compa	ny is:
4. I, JOHN D		, hereby resign as a M	IGR
(Print N	ame of Person Resigning)		(Print Title)
of this limited lia resignation in w	bility company and affirm th iting.	e limited liability company l	has been notified of my
Sygnature of Resi	gning Member, Managing M	lember or Manager	
Filing Fee:	\$25.00 (Required)		7,02
Certified Copy:	\$30.00 (Optional)		OT JUIL

CR2E079 (5/06)