| <u>.</u> (Re                            | equestor's Name)                        |           |  |  |
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| . (33                                   | ,                                       |           |  |  |
| (Address)                               |   |           |  |  |
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| (Address)                               |   |           |  |  |
| (2)                                     | (C) 1 (7) (D)                           | (0)       |  |  |
| (Ci                                     | ty/State/Zip/Phone                      | #)        |  |  |
| PICK-UP                                 | WAIT                                    | MAIL      |  |  |
|   |   |           |  |  |
| (Business Entity Name)                  |   |           |  |  |
|   |   |           |  |  |
| (Document Number)                       |   |           |  |  |
| Certified Copies                        | Certificates                            | of Status |  |  |
|   |   |           |  |  |
| Special Instructions to Filing Officer: |   |           |  |  |
|   |   |           |  |  |
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SECKETARY OF STATE FALLAHASSEE, FLORIDA



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 12, 2006

JOEL LEON 226 OOAKVIEW AVE. OCEANSIDE, NY 11572

SUBJECT: SNOW 2 SUN REALTY LLC

Ref. Number: L06000024921

We have received your document for SNOW 2 SUN REALTY LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 106A00070786

### **COVER LETTER**

| TO: Registration Section Division of Corporations  |   |  |  |  |
|--|---|--|--|--|
| SUBJECT: Snow 2 Sun Remarks (Name of Limited Liability   | company)  |  |  |  |
| The enclosed member, managing member or manager r filing.  | resignation and fee(s) are submitted for  |  |  |  |
| Please return all correspondence concerning this matter  | · to:   |  |  |  |
| JUEL LEON  |   |  |  |  |
| (Contact Person)  SNOW 25UN Realty Western/Company)  |   |  |  |  |
| 226 Oakview AVE (Address)  | OF STATE FLORIDA  |  |  |  |
| Oceans ide, NY 11572 (City/State and Zip Code)   |   |  |  |  |
| For further information concerning this matter, please call:   |   |  |  |  |
| TOEL LEON at (32 (Name of Contact Person) (Area C  | 3) 842 - 027/ Code & Daytime Telephone Number)  |  |  |  |
| Enclosed please find a check made payable to the Florie \$25 Filing Fee  | da Department of State for:  \$55 Filing Fee & Certified Copy   |  |  |  |
| 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                  |                         | ords of the Florida Department              |
|----------------------|---|-------------------------|---|
| Flora                | -   | ·                       | FILL 2006 DEC 28 SECRETARY TALLAHASSE       |
| L0600                | ment/registration number of Person Resigning) | ·                       | company-is:                                 |
| of this limited liab | oility company and affirm th                  | e limited liability com | (Prim Title)  upany has been notified of my |
|                      | \$25.00 (Required)<br>\$30.00 (Optional)      | nemoer or ividinager    |   |