## L06000030808

7.2

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



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SECRETARY OF STAIR, DIVISION OF CORPORATIONS

08 APR 28 PM 2: 24

T. HAMPTON

APR 2 9 2008

**EXAMINER** 

## **COVER LETTER**

TO:	_	ion Section of Corporations					
SUBJ	ЕСТ:	Poerico	INVES ame of Limite	Aments	Group	11	<u>(·</u>
		(IV	ame of Limite	a Liability C	ompany)		
The enfilling.		ember, managing n	nember or m	ianager res	ignation and	fee(s)	are submitted for
Please	e return all	correspondence co	oncerning th	is matter to	o:		
_	Dance	(Contact Person)	in	_			
		(Contact Person)	)		· <del></del>		•
_							
		(Firm/Company)					
51	<u>lel -</u>	(Address)	AVE				
		(					
M.	am i	(City/State and Zip	33185	•	_		
		(City/State and Zip	Code)				
For fu	ırther infor	mation concerning	this matter,	, please cal	11:		
Dan	itel Ea	of Contact Person)		at ( 305	) 321-	-819	2
	(Namé	of Contact Person)		(Area Co	de & Daytime	Teleph	one Number)
Enclo	sed please	find a check made	payable to				te for:
	. L-	\$25 Filing Fee		İX	\$55 Filing Certifie	ree & d Copy	
		RIER ADDRESS	:		MAILIN		
_	tration Sec				Registrati		
	ion of Corp	•			Division	-	orations
	n Building				P.O. Box		.: do 20214
		Center Circle			rananass	ee, r 101	rida 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

1. The name of the limited liability company as it ap of State is: Portico Investment Gro	upears on the records of the Florida Department UP, LLC
2. This limited liability company was organized und State of Florida	er the laws of:
3. The Florida document/registration number of this L06000030808	limited fiability company is:
4. 1, Daniel R. Eguiguren (Print Name of Person Resigning)	hereby resign as a Manager/Member
of this limited liability company and affirm the lin- resignation in writing.	nited liability company has been notified of my
Signature of Resigning Member. Managing Memb	per or Manager

DIVISION OF CURPURATIONS

Filing Fee: Certified Copy: \$25.00 (Required) \$30.00 (Optional)