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2 AUG 20 AMII: 24 ACKETAKY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PROFESSIONAL PROPERTY MANAGEMENT SERVICES, LLC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
JOHN FRANK SANTAMARIA (Contact Person)
PROFESSIONAL PROPERTY MANAGEMENT SERVICES, LLC. (Firm/Company)
12300 SW 132 Court (Address)
Miam, F. 33186 (City/State and Zip Code)
For further information concerning this matter, please call:
Tond Frank Santameria at (786) 942-6297 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301

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FILED 12 AUG 20 AM 11: 24 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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 I of State is: _PRO	imited liability company as in FESSIONAL PRO	it appears on the records PERTY MANAGE	of the Florida Department SERVICES, LO	<u>'</u> _
2. This limited liabi	lity company was organized	under the laws of:		
FLOR	104			
3. The Florida docu	ment/registration number of	this limited liability com	pany is:	
L 0600	00 3 2253	·		
4. I, CRISTINA	T. SANTAMA RIA ume of Person Resigning)	, hereby resign as a _	MGRM	
	ility company and affirm the			
Cushma	and amaz.	 -		
Signature of Resig	gning Member, Managing M	ember or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			