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



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SECRETARY OF STATE SINVISION OF CORPORATIONS

3. BRYAN JUN - 2 2006

## **COVER LETTER**

0012		
TO: Registration Section Division of Corporations		
SUBJECT: Office 609 LLC		<u>-</u>
(Name of Lim	ited Liability Company)	
Dear Sir or Madam:		
The enclosed Resignation of Member, Managing	Member or Manager and fee(s) are submitted fo	r filing.
Please return all correspondence concerning this	matter to the following:	
Yolanda Katon, Legal Assistant		2014
(Name of Person)	<del></del>	SGAR SGAR
ROTH, ROUSSO & KATSMAN, LLP		OF HAY 31 PH 3: 56
(Firm/Company)	<del></del>	PH
18851 NE 29 Avenue, Suite 900		يَّزُ بِي الله
(Address)		6
Assenting El 22490		
Aventura, FL 33180 (City/State and Zip Code)		
For further information concerning this matter, p	lease call:	
Yolanda Katon	at (786 ) 279-0025	_
(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 Fee  CR2E079 (8/05)	\$55 Filing Fee & Certified Copy	



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I. HERNAN VERGARA	, hereby resign as MANAGER
	(Title)
of OFFICE 609 LLC	
- (L	imited Liability Company)
a limited liability company organized u	inder the laws of the State of FLORIDA
and affirm that the limited liability com	npany has been notified in writing of the resignation.
(Signature of resigning	manager, managing 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