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(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status Special Instructions to Filing Officer:		
(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		
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## **COVER LETTER**

Division of Corporations	
SUBJECT: Plata, LLC (Name of Limited Liability C	ompany)
The enclosed member, managing member or manager resfiling.	ignation and fee(s) are submitted for
Please return all correspondence concerning this matter to	o:
Desciek Hamilton (Contact Person)	
Descick Hamilton (Contact Person)  Plata, LLC (Firm/Company)	
3201 28th Street North	<u>)</u>
St. Peters burg, FL 33713 (City/State and Zip Code)	<del></del>
For further information concerning this matter, please call	<b>!</b> :
(Name of Contact Person) at (727  (Area Cod	le & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$25 Filing Fee	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

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: Plata, LLC.
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2. This limited liability company was organized under the laws of:
Florida 題言
3. The Florida document/registration number of this limited liability company is:  LO60000 4/6/50
4. I, Monie O'Bryant, hereby resign as a Member I managing member (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Monie O Bryant
Signature of Resigning Member, Managing Member or Manager

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