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COVER LETTER

Division of Corporations	
SUBJECT: PALM BEACH PROPERTIES. (Name of Limited Liability C	5 AUS REALTY ADVISORS, CO
(. mile or simile simonly o	ompany)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing Member or	Manager and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	following:
KRISTIN E. FLONE: (Name of Person)	<u>-S</u>
PARM BCH PPOP, PULS (Firm/Company)	
BOCA RATIN FL 3348 (City/State and Zip Code)	AR F F
For further information concerning this matter, please call:	AM II: 37
KRISTIN F. FLOWES at (56) (Name of Person) (Area Co	$\frac{866-1079}{\text{de & Daytime Telephone Number)}}$
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]\$55 Filing Fee & Certified Copy

CR2E079 (8/05)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, THOMAS M. MAGALETTA , hereby resign as <u>MANAGEN</u> (Title)		
of PANY BEACH PROPERTIES AUS REACTY ADVISORS US. (Limited Liability Company)	0 \$ JUI	
a limited liability company organized under the laws of the State of FUNT DA SE	<u></u> ,	HIE
and affirm that the limited liability company has been notified in writing of the resignation: (Signature of resigning manager, managing member or member)	AH II: 37	D

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



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, THOMAS M. MAGALETTA , hereby resign as <u>MANAGEN</u> (Title)		
of PAN BOACH PROPERTIES PLUS PEACTY ADVISORS US. (Limited Liability Company)	inr <u>\$</u> 0	
a limited liability company organized under the laws of the State of FUNT DA BE		
and affirm that the limited liability company has been notified in writing of the resignation.	AH	U
1 home ///////////	37	
(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