L06000060088

(Requestor's Name)				
(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:				
Special instructions to 1 ming Officer.				
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09/02/08--01020--015 **25.00

08 SEP -2 AM ID: 56
SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

Division of Corporations		
SUBJECT: Hialeah 80, LLC		
SUBJECT: (Name of Limite	ed Liability Company)	_
The enclosed member, managing member or national filing.	nanager resignation and fee(s) are submitte	ed for
Please return all correspondence concerning the	nis matter to:	
Stephen A. Taylor	general de la companya del companya del companya de la companya de	
(Contact Person)		
Stephen A. Taylor, P.L.		
(Firm/Company)		
11900 Biscayne Boulevard, Suite 280		
(Address)		
Miami, FL 33181		
(City/State and Zip Code)		
For further information concerning this matter	, please call:	
Stephen A. Taylor	305 722-0091	
(Name of Contact Person)	(Area Code & Daytime Telephone Number	_
Enclosed please find a check made payable to		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	

CR2E079 (5/06)



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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

	limited liability company as it a eah 80, LLC	ppears on the records	of the Florida Department
2. This limited liab	ility company was organized und	der the laws of:	
3. The Florida doc L0600006008	ument/registration number of this	s limited liability con	npany is:
Dennis R. Ro 4. I, Investments (Print N	odriguez, President of Denn Unc Jame of Person Resigning)	_, hereby resign as a	Manager (Print Title)
of this limited lia resignation in wr	bility company and affirm the lin	nited liability compar	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		