L060000062040

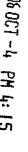
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



000080300900

10/04/06--01028--012 **25.00





COVER LETTER

TO: Registration Section Division of Corporations	· · · · · · · · · · · · · · · · · · ·
SUBJECT: CORNELLE PROPERTY (Name of Limited Liability)	ty Company)
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:
T. PENSENTI (Name of Person)	2006 OCT -4
JORDAN FIELDS P.A.	
416 SE CORTEZ AVE (Address)	
STUART, FL 34994 (City/State and Zip Code)	
For further information concerning this matter, please call:	
T. PENSENT at (773) (Name of Person) (Area	Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallabassee Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount: 425.00



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, AARON M. BERHORST	, hereby resign as MGRM
	(Title)
of CORNELLE PROPERTY, LLC	- DOCUMENT # LOGODO 62040,
(Limited I	Liability Company)
a limited liability company organized under th	ne laws of the State of FLORIDA,
and affirm that the limited liability company h	as been notified in writing of the resignation.
Lacon Ben (Signature of resigning mana	ger, managing member or member) SECRETARY OF CORF.

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