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12 MAY -7 PM 2: 48
SECREPARY OF STATE

B. BOSTICK

MAY - 9 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 13700 Developers (Name of Limited Liability Con	npany)	
The enclosed member, managing member or manager resig filing.	nation and fee(s) are submitted fo	or
Please return all correspondence concerning this matter to:		
Sam Burstyn (Contact Person)		
(Contact Person)	-	
(Firm/Company)	-	
(Finite Company)		
1050 NW 145T. (Address)	SE!	12
(Address)	20 (2) (2) (2) (2) (2) (2) (2) (2) (2) (2)	= -
Miami Fl 33136 (City/State and Zip Code)	ASSE ASSE	12 HAY -7 P
(City/State and Zip Code)	<u> </u>	70
For further information concerning this matter, please call:	STATE CORNE	PH 2: 48
Carmen Meding at (305 (Name of Contact Person) (Area Code) 324-0200	ω
(Name of Contact Person) (Area Code	& Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida D \$25 Filing Fee	55 Filing Fee &	
T .	Certified Copy	
	MAILING ADDRESS:	
-	Registration Section	
	Division of Corporations	
•	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	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

		it appears on the records of		nt
of State is: 13	700 Develope	ers LLC		<u>.</u> .
2. This limited liabi	lity company was organized	l under the laws of:		
3. The Florida docu	ment/registration number of	f this limited liability compar	ny is:	
4.1. Sam	Burstyn	, hereby resign as a	MGR	
(Print No	ame of Person Resigning)		(Print Title)	
of this limited liab resignation in wri		e limited liability company h	nas been notified of m	y
Sam	Burtin			
Signature of Resig	gning Member, Managing M	lember or Manager	12 SEE TALL	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		12 MAY -7 PM 2: BEORE FARY OF STA LLAHASSEE, FLOR	
			35 ±	