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FILED

COVER LETTER

TO: Registration Section

. CR2E079 (5/06)

Division of Corporations
SUBJECT: STer/16 PAM Properties LLC (Name of Wimited Liability Corripany)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
SCOTT WALTON- (Contact Person)
STEVING PAIN MODEVITES TO THE
2275-62 AV. N ULIT 4/02 SEE. FLORESTA TO TO SEE. FLORESTA TO TO THE SEE. FLORESTA TO THE SEE.
ST PETERS burk 11 33707 BAT 5
For further information concerning this matter, please call:
Scott WALTON at (727) 520-3156 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



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 appears on the records of the Florida Department STevlint Phim Proporties LCC.
	oility company was organized under the laws of: The of Thorist. Fig. 12
L06	ument/registration number of this limited liability company
4. I, CATTO (Print N	Unility hereby resign as a Mf RM [Ame of Person Resigning], hereby resign as a Mf RM (Print Title)
of this limited lial resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of Resi	igning Member, Managing Member or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)