

Division of Corporations

W 60000 82224

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000235785 3)))



H070002357853ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : ADAM R. SCHIFFMAN, P.A.
Account Number : I20000000100
Phone : (305) 682-1328
Fax Number : (305) 682-0063

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 SEP 21 AM 8:22

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**EDLAR 3305, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

09/21/2007 12:17

3057927797

OLYMPIA TITLE
PAGE 001/001

PAGE 04

Florida Dept of State



September 21, 2007

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EDLAR 3305, LLC
2999 N.E. 101ST STREET, SUITE 900
C/O ADAM R. SCHIFFMAN, P.A.
AVENTURA, FL 33180

SUBJECT: EDLAR 3305, LLC
REF: L06000082224

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

FAX Aud. #: H07000234664
Letter Number: 807A00055633

2007 SEP 21 12:18:23
STATE OF FLORIDA
DIVISION OF CORPORATIONS

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EDLAR 3305, LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ADAM R. SCHIFFMAN, ESQUIRE

(Contact Person)

ADAM R. SCHIFFMAN, P.A.

(Firm/Company)

2999 N.E. 191 Street, Suite 900

(Address)

Aventura, Florida 33180

(City/State and Zip Code)

For further information concerning this matter, please call:

Adam R. Schiffman, Esquire

(Name of Contact Person)

at (305) 682-1328

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

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

2007 SEP 21 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

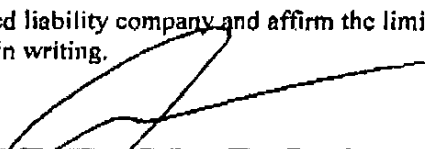
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: EDLAR 3305, LLC

2. This limited liability company was organized under the laws of:
FLORIDA

3. The Florida document/registration number of this limited liability company is:
L06000082224

4. I, ADAM R. SCHIFFMAN, hereby resign as a Manager
(Print Name of Person Resigning) (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.


Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)