L06000082224

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

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EDLAR 3305, LLC

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L06 82224

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

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Tammi Cline
Document Specialist

FAX Aud. #: H07000234664
Letter Number: 807A00055633

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)

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

For further information concerning this matter, please call:

Adam R. Schiffman, Esquire at (305) 682-1328
(Name of Contact Person) (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

CR2E079 (5/06)

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

2007 SEP 21 AM 8:2
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature of Resigning Member, Managing Member or Manager

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

CR2E079 (5/06)