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COVER LETTER

Division of Corporations	
SUBJECT: KINGS CROSSING, LLC	
(Name of Limited	l Liability Company)
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning thi	s matter to:
Barbara B. Lander, Esq.	
(Contact Person)	
Sakowitz & Sakowitz	7001 SEC
(Firm/Company)	 NAHA
1111 Kane Concourse (Suite 401F	,
(Address)	A 9: OF STA E. FLOR
Bay Harbor Islands, FL 33154	9: 5
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Barbara B. Lander, Esq.	305 865-1923
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	he Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



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 i GS CROSSING, LLC		of the Florida	Departi	ment
2. This limited liabi	lity company was organized	under the laws of: 	SECRE TALLAH	2001 SEP	
3. The Florida docu L06000085	ment/registration number of (this limited liability com	TARY OF S ASSEE, FL	P 26 A	
4. I, Max Minha	IS ame of Person Resigning)	, hereby resign as a	Manager;	-⊖ -UI tle)-	_
of this limited liab resignation in wri	ility company and affirm the ting.	limited liability compar	ny has been no	tified of	îmy
Signature of Resignature	gning Member, Managing Me	ember or Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				