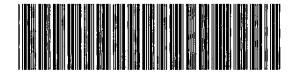
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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE

J. BRYAN
NOV 27 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Red Speckled Brahma Properties 11, IIc

(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:

Joseph Salvo

(Contact Person)

Red Speckled Brahma Properties 11,llc

(Firm/Company)

1179 US 27 South

(Address)

Lake Placid, Fl. 33852

(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph Salvo

.,863 \ 273-9173

(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	imited liability company as	it appears on the records	s of the Florida I) epartn	nent
of State is: Red	Speckled Brahma Pro	perties 11,llc		<u>-</u>	<u>_</u> ·
2. This limited liabi Florida	lity company was organized	under the laws of:			
3. The Florida docu L060000926	ment/registration number of	this limited liability cor	mpany is:		
4. I, Pamela Kay Salvo (Print Name of Person Resigning)		, hereby resign as a managing member (Print Title)			
of this limited liab resignation in writ	ility company and affirm th	e limited liability compa	ny has been noti	fied of	my
Famela Ka Signature of Resignature	ning Member, Managing M	lember or Manager	SECRETA TALLAHAS	2812 NOV 2	<u> </u>
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		SEE, FLORI	6 PH 2: 2	