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(Ad	dress)	
(Cit	y/State/Zip/Phone	∍ #)
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2006 OCT 19 P 2: 03
SECRETARY OF STATE
ALLAHASSEE, FIORIDA

FILED

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Palm Ridge I (Name of Limited Li	LC ability Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing Mem	ber or Manager and fee(s) are submitted for filing.
Please return all correspondence concerning this matte	r to the following:
Nicholds Chimiento  (Name of Person)  CHIMIENTI REAHY A  (Firm/Company)  (Address)  Bronx M.Y. 10461  (City/State and Zip Code)  For further information concerning this matter, please	2: 03 DRIDA
Michalds Chivnesti at (Name of Person)	17/8 823-6/6/ Area Code & Daytime Telephone Number)
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
Enclosed is a check for the following amount:	_/
\$25 Filing Fee	\$55 Filing Fee & Certified Copy
CR2E079 (8/05) Chimienti	. •••



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

### RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I,	HICHOLAS	chimient	•	, hereby resign as	MAHARING	Member
	Palm	Ridge	LLC	•	(Title)	,
a lin	nited liability comp	- •		y Company) s of the State of	Florida	
	affirm that the limi	ted liability compa	ny hais bed	en notified in writi	ng of the resignation 2001 OCT	<u> </u>
	(Sig <b>h</b> a	ature of resigning n	nanager, n	nanaging member	RY OF STATE FLORID	LED

#### FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314