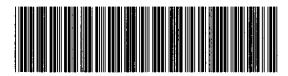
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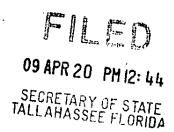


COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE		
	(Nam	of Limited Liability Company)
The en filing.	closed member, managing mer	nber or manager resignation and fee(s) are submitted for
Please	return all correspondence conc	erning this matter to:
Tam	my Pizzi	
	(Contact Person)	
Coas	t to Coast Consultants	
_	(Firm/Company)	
8202	Wiles Road #114	
	(Address)	
Cora	l Springs, FL 33067	
	(City/State and Zip Cod	e)
For fur	ther information concerning th	is matter, please call:
Paul	Pizzi	at (954) 461-9965 (Area Code & Daytime Telephone Number)
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclos	sed please find a check made pa	yable to the Florida Department of State for: \$55 Filing Fee & Certified Copy
Registr Division Clifton 2661 E	ET/COURIER ADDRESS: ration Section on of Corporations Building Executive Center Circle	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

	limited liability company as it appears on the records of the Florida Department ando Metropolitan Hotel Management LLC
2. This limited liab Florida	lity company was organized under the laws of:
3. The Florida docu L06000101	ment/registration number of this limited liability company is: 672
4. I. Paul Pizzi	, hereby resign as a Managing Member (Plint Gitle)
of this limited lial resignation in yr	oility company and affirm the limited liability company has been notified of my ting.
Signature of Resi	gning Member, Managing Member or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)