L06000104612

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Dusings Entity Name)							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
1 0 /24135							
201A-64135							





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SECRETARY OF STATE

COVER LETTER

TO:	_	Registration Section Division of Corporations					
SUBJ		Sierra	Way	LL	<u>C</u>		
SUBJ	EC1	(Name	of Limited Liabi	lity Compa	any)		
The enfiling.		mber, managing mem	ber or manage	er resigna	ation and fee(s) are submitted for		
Please	e return all c	correspondence conce	erning this mat	ter to:			
	M	(Contact Person)	O				
		(Contact Person)	i				
	S	(Firm/Company)	, LLC				
		(Firm/Company)					
	619	Sw Baya (Address)	Dr 54	102			
		(Address)					
	Lake	Cify, FL	32025				
		(City/State and Zip Code)				
For fu	rther inforn	nation concerning thi	s matter, pleas	se call:			
/	Math	Rocco	at (_3	86)	Ma 961-0011		
	(Name	of Contact Person)	(Are	a Code &	Daytime Telephone Number)		
Enclo	sed please f				partment of State for: 5 Filing Fee & Certified Copy		
		RIER ADDRESS:			MAILING ADDRESS:		
-	tration Section of Corpo				Registration Section Division of Corporations		
	n Building	or actorio			2.O. Box 6327		
2661	_	Center Circle ida 32301		, T	Callahassee, Florida 32314		

CR2E079 (5/06)



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SECRETARY OF STATE TALLAHASSEE FLORIDA

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 of State is:	limited liability com Sìe yra	ipany as it ap Way	ppears on the records of , LLC	of the Florida Department
	ility company was o of Florida	rganized und	ler the laws of:	
A	ument/registration no 6 000 104 61 2		limited liability comp	pany is:
of this limited lial resignation in wr	bility company and a	affirm the lin	> .	MGRM (Print Title) y has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required \$30.00 (Optional			