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

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#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Continuum South 2703, LLC (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:	
Martin Shtrax (Contact Person)	
TAL 0	7)
TOO S Pointe Dr.  (Address)  (Address)  (Address)  (Address)	
Miami Beach FL 33/39  (City/State and Zip Code)	inchi Nati
For further information concerning this matter, please call:	
Marks Shtrax at (954) 448 8884  (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  Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 29, 2007

MARTIN SHTRAX 100 S. POINTE DR. #2703 MIAMI BEACH, FL 33139

SUBJECT: CONTINUUM SOUTH 2703, LLC

Ref. Number: L06000111626

We have received your document for CONTINUUM SOUTH 2703, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 607A00067775





### 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 li of State is:	mited liability company is on finuum 5	as it appears o	n the records 2703	of the Florida Dep	partment 
	ity company was organize	ed under the l	aws of:		
3. The Florida docum	nent/registration number	of this limited	l liability com	pany is:	
4. I, David (Print Nan	Shtrax ne of Person Resigning)	, hereb	y resign as a _	Managing (Print Title)	Member
of this limited liabi resignation in writi	lity company and affirm ing.	the limited lia	bility compan	y has been notifie	d of my
Signature of Resign	ning Member, Managing	Member or M			
		Wichidel of W	ranager	07 DEC SECRE	T
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			ARY OF	