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

Office Use Only

G. MCLEOD

JUL 25 2008

**EXAMINER** 



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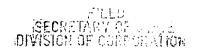


## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Unicorp New York, LLC (Name of Limited L	
The enclosed member, managing member or man filing.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this i	matter to:
Amy Barnard	
Unicorp National Developments,  (Firm/Company)	Inc.
7505 W. Sand Lake Road (Address)	
Orlando, FL 32819 (City/State and Zip Code)	
For further information concerning this matter, pl	ease call:
	407 999-9985
(Name of Contact Person) (A  Enclosed please find a check made payable to the  \$25 Filing Fee	Area Code & Daytime Telephone Number)  Florida Department of State for:  \$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)





08 JUL 24 AM 10: 56

## 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 lir of State is: Unic	mited liability company as it orp New York, LLC	appears on the record	s of the Florida Department
2. This limited liabilit	ty company was organized u	nder the laws of:	
3. The Florida docum <u>L06000119</u>	nent/registration number of th	is limited liability con	mpany is:
4. I, Lee J. Mah	ne of Person Resigning)	, hereby resign as a	Managing Member
resignation in writing	ity company and affirm the ling.  ning Member, Managing Mer		iny has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		