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J. BRYAN

APR 2 4 2008

**EXAMINER** 

## **COVER LETTER**

CR2E079 (5/06)

TO: Registration Section Division of Corporations	
SUBJECT: Sagaro & Orosa RealEstate Thust, UC (Name of Limited Liability Company)	
The enclosed member, managing member or manager resignation and fee(s) are submitted filing.	or
Please return all correspondence concerning this matter to:	
Derrick Orosa (Contact Person)	•
(Contact Person)	
(Firm/Company)	) )
299 Almanba Cir # 219 (Address)	14 3: 20 15 15 H
Cored Gables, Fr 33134  (City/State and Zip Code)	
For further information concerning this matter, please call:	
Demick Opsa at (186) 586 8641  (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 P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	



## 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	limited liability company as it appear	rs on the records of the Florida Department
of State is:	Sagaro y Orosa Rec	UBstate Trust, Lic
<del></del> -	<del></del>	
0 This 10-14-4 10-1		h - 1
	pility company was organized under t	ne laws of:
Florid	<u></u> ,	
3. The Florida doc	ument/registration number of this lim	ited liability company is:
10100	0004140	
4.1, Derric	k Orosa he	ereby resign as a Manage V (Print Title)
	Name of Person Resigning)	(Print Title)
of this limited lia	bility gompany and affirm the limited	l liability company has been notified of my
resignation in wr	iting.// \	
$\Rightarrow$		
Signature of Res	igning Member, Managing Member	or Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	