07000012503

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
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A. LUNT
SEP 102008
EXAMINATION

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400135105794

09/02/08--01024--028 **25.00

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: PARAMOUNT (Name of Limited	SROW DEVECOPMENT LLC Liability Company)
The enclosed member, managing member or ma filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
DUANE MADILL (Contact Person)	
(Firm/Company)	
MIIN. PARK Rd. SUITE	<u>:_ C </u>
MIN. PARK Rd. Suite (Address) PLANT City, FL. 33 (City/State and Zip Code)	<u>,563</u>
For further information concerning this matter, p	•
Name of Contact Person) at	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the (\$\sum_{\text{\$\subset}}\) \$25 Filing Fee	ne Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section Division of Corporations
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

SECRETARY ANAGER

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: PARAMOUNT GROUP DEVELOPMENT, LLC.
2. This limited liability company was organized under the laws of:
3. The Florida document/registration number of this limited liability company is:
4. I, DUANE MADILL, hereby resign as a MANAGING PARTNER (Print Name of Person Resigning), hereby resign as a MANAGING PARTNER
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Resigning Member, Managing Member or Manager
\cdot

Filing Fee:

\$25.00 (Required)

Certified Copy:

\$30.00 (Optional)