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SECRETARY OF STATE.

M. THOMAS SERVINGER

COVER LETTER

TO: Registration	n Section Corporations			
Division of	Corporations			
SUBJECT:	475 NW Prin (Name of Lin	na <i>Vista</i> nited Liability Con	Blud, LLC	_
The enclosed mem filing.	ber, managing member o	r manager resig	gnation and fee(s) are submit	ted for
Please return all co	rrespondence concerning	g this matter to:		
John	Reatsis (Contact Person)		_	
	on Vational (Firm/Company)			09 FEB SECR
475	MW Prima (Address)	Vista B	lud	09 FEB 23 PH SECRETARY OF TALLAHASSEE F
Port	St. Lucie FL (City/State and Zip Code)	34983	_	STATE
For further informa	ation concerning this mat	ter, please call:		
John Ko (Name of	ratsis Contact Person)	at (<u>617</u> (Area Code) 529-4585 & Daytime Telephone Numbe	er)
Enclosed please fir	nd a check made payable 25 Filing Fee		Department of State for: \$55 Filing Fee & Certified Copy	
STREET/COURI Registration Section Division of Corpora Clifton Building	n		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

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

	the limited liability company as it a		•	ent _·	
	iability company was organized und	der the laws of:		· o	
	ocument/registration number of thi	•	y is:	FILEU 9FEB 23 P	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・
(Prin	OHU KERATSTS It Name of Person Resigning) Itability company and affirm the lir		(Print Title)	ny ny	
resignation in Signature of R	writing. Lesigning Member, Managing Mem	ber or Manager			
Filing Fee:	\$25.00 (Required)				

Certified Copy:

\$30.00 (Optional)