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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MIAM Prestige \(\) (Name of Limited Liability)	
The enclosed member, managing member or manager filing.	resignation and fee(s) are submitted for
Please return all correspondence concerning this matte	r to:
DAVID WEEKS (Contact Person)	
MIAMI Protise Valet Secure (Firm Company)	ES LCC
560 Nul 112st	
MIAMITA 33168 (City/State and Zip Code)	
For further information concerning this matter, please	call:
DAM WEEKS at 780 (Name of Contact Person) (Area of	2) 382 - 4055 Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flori	
empressioner innece.	REAL TRICI AND PROC.

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)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

		it appears on the records of the second of t	the Florida Department
2. This limited liab	ility company was organized		-
	ument/registration number o	f this limited liability compan	ny is:
4. I, <u>M(//)</u> (Print N	Wells Jame of Person Resigning)	, hereby resign as a MA	VAGEL (Print Title)
of this limited lia resignation in wr	bility company and affirm th	e limited liability company h	
DO	2	- - -	_
Signature of Res	igning Member, Managing N	dember or Manager	
Filing Fee:	\$25.00 (Required)		, 2.0 <u>[57</u>
Certified Copy:	\$30.00 (Optional)		**