## 1200000000000

(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:

L. SELLERS

JUL 2 8 2010

**EXAMINER** 

Office Use Only



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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: DAVROS INVESTMENTS	
(Name of Limited L	lability Company)
The enclosed member, managing member or man filing.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
DAVID GONZALEZ	
(Contact Person)	
DAVROS INVESTMENTS, LLC	
(Firm/Company)	<del></del>
15217 SW 37TH TERRACE	ر الما الما الما الما الما الما الما الم
(Address)	
MIAMI FL 33185	
(City/State and Zip Code)	
For further information concerning this matter, pl	ease call:
ROBERTO HENAO	561 \ 2394518
(Name of Contact Person) (A	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	Florida Department of State for:
<b>✓</b> \$25 Filing Fee	\$55 Filing Fee &
<u>.                                    </u>	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



## 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 a of State is: DAVROS INVESTMENTS	• • • • • • • • • • • • • • • • • • • •
2. This limited liability company was organized un FLORIDA	nder the laws of: 
.3. The Florida document/registration number of th	is limited liability company is:
4. I, ROBERTO F. HENAO	_, hereby resign as a MANAGER
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm the li resignation in writing.	mited liability company has been notified of my
Shaffeury	
Signature of Resigning Member, Managing Mem	nber or Manager

Filing Fee: Certified Copy:

\$25.00 (Required) \$30.00 (Optional)