



**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:**     **HBY Coral Gables, LLC**      
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

    **William Holly**      
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

    **c/o 1395 Brickell Avenue, Suite 700**      
(Address)

    **Miami, FL 33131**      
(City/State and Zip Code)

For further information concerning this matter, please call:

    **Juan Rodriguez, Esq.**     at (     **305**     )     **372-7474**      
(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                       \$55 Filing Fee & Certified Copy

**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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2012 FEB 27 AM 8:30  
FILED



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

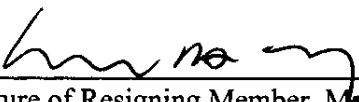
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: HBY Coral Gables, LLC

2. This limited liability company was organized under the laws of:  
Florida

3. The Florida document/registration number of this limited liability company is:  
L07000021386

4. I, William H. Holly, hereby resign as a Manager  
*(Print Name of Person Resigning)* *(Print Title)*

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

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**FILED**