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(Requestor's Name)
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SECRETARY OF STATE

COVER LETTER

Division of Corporations	
SUBJECT: Caribe Property Inves	tment, LLC mited Liability Company)
·	or manager resignation and fee(s) are submitted for
Please return all correspondence concerning	
Briggitte Quilotte	07 H
(Contact Person)	
Caribe Property Investment, LLC	
(Firm/Company)	OT MAY ILL AM II: 36 SECRETARY OF STATE FLORIDA
2058 MADEIRA DRIVE	製品 6
(Address)	
Weston, Florida 33327	
(City/State and Zip Code)	
For further information concerning this mat	tter, please call:
Briggitte Quilotte	_at (_954) <u>548-4108</u>
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	to the Florida Department of State for: \$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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company as in be Property Investme		s of the Florida Department
2. This limited liabi Florida	lity company was organized t	under the laws of:	FILED AMIL: 36 IN 14 AMIL: 36 IN 14 AMIL: 36
3. The Florida docu <u>L0700047</u>	ment/registration number of t	his limited liability con	npany is:
4. I, Juan Quilo	tte me of Person Resigning)	, hereby resign as a	Managing Member (Print Title)
•	ility company and affirm the	limited liability compa	,
	and		
Signature of Resignation	gning Member, Managing Me	ember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		