67000051888

(Re	questor's Name)	•
•	•	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	; #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	-/.
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		1051
	Office Use Onl	



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SECRETARY OF STATE
TALLAHASSEE FLORID

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COVER LETTER

Division of Corporations	
SUBJECT: Q 172 LL C (Name of Limited Liability Co	
The enclosed member, managing member or manager resigning.	ignation and fee(s) are submitted for
Please return all correspondence concerning this matter to	;
Madeleine Domanello	O7 JU
Q172 LLC (Firm/Company)	SECRETARY OF ST FALLAHASSEE FLO
725 NE 79 ST	FLORID
Miami FL 33138	→
(City/State and Zip Code) For further information concerning this matter, please call	l:
Madeleine at (305) (Name of Contact Person) (Area Cod	282 2133
Enclosed please find a check made payable to the Florida	
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

1. The name of to of State is:	the limited liability company as	s it appears on the records	of the Florida Depa	artment
2. This limited l	iability company was organized		TALLAHASSEL	FILED FLORISH
	ocument/registration number o	•	pany is:	2: 10 STATE STATE
	TOO CC (nt Name of Person Resigning)			
of this limited resignation in	liability company and affirm the writing.	ne limited liability company	y has been notified	l of my
Signature of R	esigning Member, Managing N	Member or Manager		
Filing Fee:	\$25.00 (Required)			

Certified Copy:

\$30.00 (Optional)