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(Re	equestor's Name)				
. (Ad	ldress)				
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COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: 500 Parkway, LLC	
(Name of Limited Liabil	ity Company)
The enclosed member, managing member or manage filing.	r resignation and fee(s) are submitted for
Please return all correspondence concerning this matter	ter to:
Jose Luis Machado	<u></u>
(Contact Person)	
Machado & Herran, P.A.	07 JU SECRI ALLAI
(Firm/Company)	L 2 HAS
8500 S.W. 8th Street, Suite 238	JUL 25 AM 1: 13 CRETARY OF STATE AHASSEE, FLORID
(Address)	107 11.
Miami, Florida 33144	L3 RIDA
(City/State and Zip Code)	
For further information concerning this matter, please	e call:
Jose Luis Machado at (3	05 261-5355
(Name of Contact Person) (Area	a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo	orida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	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

	limited liability company as it appears on the records of Parkway, LLC	of the Fl	orida D	eparti	nent
2. This limited liab Florida	ility company was organized under the laws of:		SECRETARY TALLAHASSE	07 JUL 25	
3. The Florida doct L07000056	ument/registration number of this limited liability comp	oany is:	OF STATE E. FLORIDA	4M 11: 1.3	
4. I, Armando (Print N	J. Guerra , hereby resign as a Name of Person Resigning)	Manag	ger Print Title	·)	_
of this limited lia resignation in wr	bility company and affirm the limited liability company itigs.	has be	en notif	ied of	`my
Signature of Res	gning Member, Managing Member or Manager				
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				