L0700061724

| (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: | | | | |
| | | | | |
| | | | | |
| | • | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



700118031897

02/19/08--01014--002 **25.00

08 FEB 19 PM12: 11

SECRETARY OF STATE
DIVISION OF CORPORATION

G. MCLEOD
FEB 2 2 2008
EXAMINER

COVER LETTER

CR2E079 (5/06)

| | ion Section of Corporations | | |
|--------------------------------------|--|-------------------|---|
| SUBJECT: No | orth America Land D | evelopmen | |
| The enclosed me filing. | mber, managing member or | r manager resig | nation and fee(s) are submitted for |
| Please return all | correspondence concerning | this matter to: | |
| Michael Faro | 0 | | _ |
| - | (Contact Person) | | |
| Michael Anth | nony Faro, P.A. | • | |
| | (Firm/Company) | | |
| 503 N. Orlar | ndo Avenue, Suite 10 | 06 | <u>.</u> |
| | (Address) | | |
| Cocoa Beac | h, FL 32931 | | |
| | (City/State and Zip Code) | | |
| For further inform | mation concerning this matt | ter, please call: | |
| Michael Faro | | _at (_321 | 784-8158 |
| (Name | of Contact Person) | (Area Code | & Daytime Telephone Number) |
| Enclosed please | find a check made payable : \$25 Filing Fee | | Department of State for: \$55 Filing Fee & Certified Copy |
| Registration Sect | | • | MAILING ADDRESS: Registration Section |
| Division of Corp Clifton Building | | | Division of Corporations P.O. Box 6327 |
| 2661 Executive C | | | Tallahassee, Florida 32314 |



FILED SECRETARY OF STATE DIVISION OF CORPORATION

08 FEB 19 PM12; 11

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 rth America Land Dev | | s of the Florida Department |
|--|---|----------------------------|-----------------------------|
| 2. This limited liab | vility company was organized | under the laws of: | |
| 3. The Florida doc L0700006 | ument/registration number of 1724 | this limited liability con | npany is: |
| _{4. I,} Ori Tal | | , hereby resign as a | Manager/Member |
| (Print N | lame of Person Resigning) | | (Print Title) |
| of this limited lia resignation in wr | bility company and affirm the iting. | limited liability compa | ny has been notified of my |
| Signature of Res | igning Member, Managing M | ember or Manager | |
| Filing Fee: | \$25.00 (Required) | | |
| Certified Copy: | \$30.00 (Optional) | | |