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(R	equestor's Name)			
(A	ddress)			
(A	ddress)			
(C	ity/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(B	usiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
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FILED SECRETARY OF STATE BYVISION OF CORPORATION

J. BRYAN

MAY - 5 2008

EXAMINER

COVER LETTER

Division of Corporations		
SUBJECT: Sagaro & Mejia Dev (Name of Limited Liability Co	elopment, LLC	
The enclosed member, managing member or manager resifiling.	ignation and fee(s) are submitted for	
Please return all correspondence concerning this matter to):	
Alberto Mejía		
(Contact Person)	08 MAY -2	(i) Y Lation
(Firm/Company)		,
3340 Paddak Road	PH	
(Address)	÷: 03	
3340 Paddock Road (Address) Weston, F. 33331	03)
(City/State and Zip Code)		
For further information concerning this matter, please cal	l:	
(Name of Contact Person) at (954) (Area Coo	931-1776 le & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle Tallahassee, Florida 32301



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	he records of the Flor	rida Departn	nent
of State is:			Developmen	•	
or state is.	Stage -				·
_	ility company was organiz	ed under the laws	s of:		
Florid	a				
2. The Florida days		. Cabia 11	.h.:1124		
	ment/registration number	of this fimited ha	ionity company is:		
LO 1000	0082644	·			
A 1 A W	10		(0.0		
4. I, ANY 11	Vanagement, LI	hereby re	esign as a <u>IVIAN</u>	ager	
(Print N	ame of Person Resigning)		(Pri)	nt Tille)	
	pility company and affirm	the limited liabili	ty company has been	notified of	my
resignation in wr	ting.				
	ful				
Signature of Resi	gning Member, Managing	Member or Man	ager		
			-		
				_	tro
Filing Fee:	\$25.00 (Required)			80	_₹.
Certified Copy:	\$30.00 (Optional)			18 HAY -	HOISIAIG
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				2	25