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| (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: | | | | | |
| 1 951.5- | | | | | |
| L. SELLERS JUL 2 4 2008 | | | | | |
| EXAMINER | | | | | |

Office Use Only



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SECREDARY OF ARE

COVER LETTER

| TO: Registration Section |
|--|
| Division of Corporations |
| SUBJECT: Darry / G. Condra L. L. C. (Name of Limited Liability Company) |
| The enclosed member, managing member or manager resignation and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to: |
| Mark Navarro (Contact Person) |
| (Firm/Company) |
| (Tital Company) |
| 13931 Sw 122nd Are Apt 306 (Address) |
| Miami F1. 33186 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Mark Navaro at (305) 972 - 2602 (Name of Contact Person) (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the Florida Department of State for: \$25 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

| _ | mited liability company as Darcy 1 6. C. | | = | |
|--------------------------------|--|------------------------|----------------------|-------------|
| | ty company was organized | | | |
| _ | nent/registration number o | · · | mpany is: | |
| · | Navarro ne of Person Resigning) Lity company and affirm th | | • | |
| resignation in writi | | e mined hability compa | my has been notified | a or my |
| | ning Member, Managing N | Acmber or Manager | SECAE : | 2008 JUN 16 |
| Filing Fee: Certified Copy: | \$25.00 (Required) > 30.00 (Optional) | > | ACY OF CALE | 16 PH 3 |