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(Requestor's Name)					
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PICK-UP WAIT MAIL					
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TALL ANASSEF FLORID

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## **COVER LETTER**

	stration Section sion of Corporations		
SUBJECT:	SCC METRO STAR I		
	(Name of Li	imited Liability Company)	
The enclosed filing.	d member, managing member	or manager resignation and fee(s) are submit	tted fo
Please return	n all correspondence concernin	g this matter to:	
GUIDO [	DIAZ		
	(Contact Person)		
SCC ME	TRO STAR LLC		
	(Firm/Company)		
5151 NW			
	(Address)		
DORAL,	FL. 33178		
	(City/State and Zip Code)		
For further i	nformation concerning this ma	tter, please call:	
GUIDO E	DIAZ	_at (_954) 2928282	
(1)	lame of Contact Person)	(Area Code & Daytime Telephone Number	er)
Enclosed ple	ease find a check made payable \$\frac{1}{\sqrt{1}}\$25 Filing Fee	to the Florida Department of State for:  \$55 Filing Fee & Certified Copy	
Registration Division of Clifton Build 2661 Execut	Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

CR2E079 (5/06)



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#### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

### RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	imited liability company as CMETRO STAR LLC		s of the Florida Department
2. This limited liabil FLORIDA S	ity company was organized TATE	under the laws of:	
3. The Florida document	ment/registration number of 764	this limited liability cor	npany is:
		OS_, hereby resign as a	MANAGER MEMBER
•	me of Person Resigning)  ility company and affirm the  ing.	limited liability compa	(Print Title) any has been notified of my
Signature of Resig	ning Member, Managing M	ember or Manager	
Filing'Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		

CR2E079 (5/06)

Provide the second of the se