·L07000126342

(Requestor's Name)				
(Address)				
(Address)				
(Addiess)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				





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SECRETARY OF STATE

AND ANALYSISEE, FLORIDA

C. LEWIS

DEC 1-22003

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: California Property Holdir	ngs, LLC
The enclosed member, managing member or ma filing.	inager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
Manny Singh	
(Contact Person)	
The Law offices of Manny Singh, P.	A.
(Firm/Company)	
6610 North University Drive # 220	
(Address)	
Tamarac, Florida 33321	
(City/State and Zip Code)	
For further information concerning this matter, [please call:
Manny Singh at	954 722-1300
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	randiacoo, Fiorida 52517

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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		of the Florida Department
of State is: Cal	lifornia Property Holdi	ngs, LLC	·
2. This limited liab	ility company was organized orida	under the laws of:	
3. The Florida doc <u>L07000126</u>	ument/registration number of 6342	this limited liability comp	pany is:
_{4. I.} Manny Singh		, hereby resign as a	Manager
(Print Name of Person Resigning)			(Print Title)
of this limited lia resignation in wr	bility company and affirm the iting.	e limited liability compan	y has been notified of my
Signature of Res	igning Member, Managing N	lember or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		