## LD8000008926

(Requestor's Name)					
	(Address)				
	(Address)				
	(City/State/Zip/Phone #)				
PIÇK-UI	P WAIT MAIL				
	(Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				

Special Instructions to Filing Officer:

L. SELLERS

JAN - 3. 2011

**EXAMINER** 

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: ARCRETE, LLC	
(Name of Limited Liabi	lity Company)
The enclosed member, managing member or manage filing.	er resignation and fee(s) are submitted for
Please return all correspondence concerning this mat	tter to:
Brendan A. Sweeney, Esq.	
(Contact Person)	· · · · · · · · · · · · · · · · · · ·
The Soto Law Group, P.A.	
(Firm/Company)	
2400 E. Commercial Drive, Suite 400	TP-017-7-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
(Address)	
Fort Lauderdale, Florida 33308	
(City/State and Zip Code)	
For further information concerning this matter, pleas	e call;
Oscar E. Soto, Esq.	954 <sub>)</sub> 567-1776
(Name of Contact Person) (Arc	a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Para Para	
<b> √</b> \$25 Filing Fee	\$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	,

CR2E079 (5/06)



## 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 CRETE, LLC	it appears on the records	of the Florida Department
2. This limited liab Florida	ility company was organized	under the laws of:	
3. The Florida doct L08000008	ment/registration number of	this limited liability com	pany is:
4. I, Gary Arkin		, hereby resign as a _	President
(Print Name of Person Resigning)			(Print Title)
of this limited lial resignation in wr	oility company and affirm the ting.	e limited liability compan	y has been notified of my
Signsture of Pasi	gning Member, Managing M	lember of Manager	
> orginature or Resi		ioniooi oi managoi	
•	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		

CR2E079 (5/06)

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SECREPARY UF STATE