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| (Requestor's Name) | | | | | | |
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| (13.33) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| (City/State/Zip/Pflofie #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| | | | | | | |
| (Document Number) | | | | | | |
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| Certified Copies Certificates of Status | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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SECRETARY OF STATE SINISION OF CORPORATIONS

J. BRYAN
FEB 1 9 2008
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: FRANCISCO SAN MIGUEL, LLC
(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:

FRANCISCO SAN MIGUEL (Contact Person)

FRANCISCO SAN MIGUEL, LLC
(Firm/Company)

2250 SOUTHWINDS BLVD. #223
(Address)

NERD BEACH, FL 32963

For further information concerning this matter, please call:

(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

| | nited liability company as | | _ | | da Depar | tment |
|--|----------------------------|-------------|-------------------|----------|-------------|-------------|
| | y company was organized | | | | 08 FEB 18 P | FILED FILED |
| | ent/registration number of | f this limi | ted liability com | pany is: | 0RAHUNS | STATE |
| of this limited liabilities resignation in writing | Dan Migas | e limited | liability compar | (Frin | i iiie) | of my |
| Filing Fee: Certified Copy: | | rember of | i wanagei | | | |