## 08000018274

(Re	equestor's Name)			
(Ad	ldress)			
(Ac	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
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SECRETARY OF STATE OF STATE OF CORPORATIONS

J. BRYAN

MAY - 7 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: 1840 THATCH PALM DRI (Name of Limited L	
The enclosed member, managing member or man filing.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this r	matter to:
MITCHELL B. KIRSCHNER (Contact Person)	08 MAY -6 PM 2: 06
(Firm/Company)	6 PH 2:
1515 N. Federal Highway, Suite 314 (Address)	06
Boca Raton, FL 33432 (City/State and Zip Code)	
For further information concerning this matter, ple	ease call:
Mitchell B. Kirschner at(	561-347 <sub>7</sub> 0000
(Name of Contact Person) (A	561-347 <sub>7</sub> 0000 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for:  \$55 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

	limited liability company as		of the Florida De	-	
of State is: 184	O THATCH PALM D	RIVE, LLC		<u> </u>	
	ility company was organized			9- AVH B	DIVISION OF COKPONATIONS
FLORIDA				יט	CC
				7	ية <u>.</u> كانت سم
				2	ž
3. The Florida docu L08000018	ument/registration number o	f this limited liability con	npany is:	PM 2: 06	110112
4 I EDWARD	M. THOMAS, III	, hereby resign as a	Managing M	embe	r
, <u> </u>	ame of Person Resigning)	,,	(Print Title)		
of this limited liar resignation in war	bility company and affirm the	e limited liability compar	ny has been notifi	ed of m	У
Signature of Res	gning Member, Managing N	Member or Manager			
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				