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SECRETARY OF STATE OF STATE OF CRETORY

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ES REIT, LLC	
(Name of Limited Liability Co	mpany)
The enclosed member, managing member or manager resigning.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to	:
PERLA CALAS	
(Contact Person)	
PERLA SOLE CALAS, PA	
(Firm/Company)	_
15450 NEW BARN ROAD, # 302	
(Address)	
MIAMI LAKES, FLORIDA 33014	
(City/State and Zip Code)	_
For further information concerning this matter, please call	; · · ·
GUILLERMO ANTONINI at 786	₎ 621-5615
(Name of Contact Person) (Area Code	e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	i wiidiidosoo, i joilda 14317

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 REIT, LLC	it appears on the records of	of the Florida Department
	ility company was organized F FLORIDA	l under the laws of:	
3. The Florida docu L0800003	ument/registration number o	f this limited liability comp	pany is:
	DO AMBARD ame of Person Resigning)	, hereby resign as a _	MANAGER (Print Title)
of this limited lial resignation in wri	oility company and affirm th		y has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		SECRETARY OF STATE OF CORPCRATION OF CORPCRATION OF MOV 17 PM 2: 08