

0800088872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

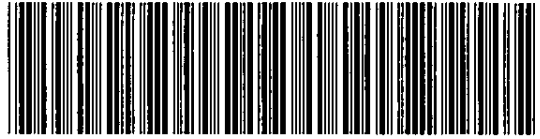
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EXAMINER



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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 NOV 25 AM 11:50

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sabina Ballroom and Banquet Hall, 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:

Mr. Miguel Sabina

(Contact Person)

(Firm/Company)

2717 SW 142 Avenue

(Address)

Miami, FL 33175

(City/State and Zip Code)

For further information concerning this matter, please call:

Mr. Miguel Sabina at (786) 439-9805

(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

\$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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Sabina Ballroom and Banquet Hall, LLC

2. This limited liability company was organized under the laws of:
Florida

3. The Florida document/registration number of this limited liability company is:
L08000088872

4. I, Mitchel Sabina, hereby resign as a Manager / MEMBER (MGRM)
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning Member, Managing Member or Manager

Mitchel Sabina

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 NOV 25 AM 11:50

TO: Sabina Ballroom and Banquet Hall, LLC.

Please accept this letter as my resignation to take effect immediately, as
Manager/Member of Sabina Ballroom and Banquet Hall, LLC.

Sincerely,

A handwritten signature in black ink, appearing to read 'M. Sabina', written over a horizontal line.

Mr. Mitchel Sabina

Date: November 20, 2008