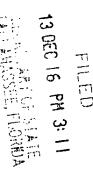
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Office Use Only



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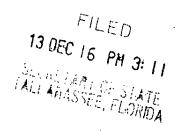
## **COVER LETTER**

TO:*\	Registration Section
	Division of Corporation

CR2E079 (5/06)

MIGDAL CAPITAL GROUSUBJECT:	IP LLC	
	imited Liability C	ompany)
The enclosed member, managing member filing.	or manager res	ignation and fee(s) are submitted for
Please return all correspondence concerni	ng this matter to	y:
ROSITA COHEN		
(Contact Person)		
MIGDAL CAPITAL GROUP LLC		
(Firm/Company)		_
3363 NE 163rd Street Suite 801		
(Address)		<del>_</del>
Miami, Florida 33160		
(City/State and Zip Code)		_
For further information concerning this m	atter, please cal	1:
Rosita Cohen	954	249 7252
(Name of Contact Person)	(Area Co	de & Daytime Telephone Number)
Enclosed please find a check made payable		
■ \$25 Filing Fee		1 \$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
Tallahaceaa Florida 32301		





## 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 of State is:	limited liability company as DAL CAPITAL GROUP LI	it appears on the records of the Florida Department _C
2. This limited liab FLORIDA	ility company was organized	under the laws of:
3. The Florida docu L0900001901		this limited liability company is:
4. I, Tamara Cohen  (Print Name of Person Resigning)		, hereby resign as a Director / VP
of this limited limite	bity company and affirm th	e limited liability company has been notified of my
Signature of Resi	gning Member, Managing N	lember or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	