L09000019163

| (Requestor's Name) |
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| |
| (Address) |
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| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| <u>_</u> |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Business Emily Name) |
| |
| (Document Number) |
| |
| 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

N. Ownie AUG 2 7 2009

COVER LETTER

Registration Section Division of Corporations

TO:

CR2E079 (5/06)

| SUBJECT: MEDITERRANEA VENTON (Name of Limite | TURE LLC ed Liability Company) |
|---|--|
| The enclosed member, managing member or n filing. | nanager resignation and fee(s) are submitted for |
| Please return all correspondence concerning the | nis matter to: |
| LUISA LASHMAN | |
| (Contact Person) | |
| MEDITERRANEA VENTURE LLC | ; |
| (Firm/Company) | |
| 117 NW 42nd AV. UNIT CU-1 | |
| (Address) | |
| MIAMI, FLORIDA, 33160 | |
| (City/State and Zip Code) | |
| For further information concerning this matter | , please call: |
| LUISA LASHMAN | at () |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to | |
| ✓ \$25 Filing Fee | \$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 |
| Tallahassee, Florida 32301 | |



09 AUG 26 PM 2: 20

SECRETARY OF STATE TALLAHASSEE FLORIDA

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 | | s of the Florida Department |
|--|-------------------------------------|------------------------------|-----------------------------|
| 2. This limited liab | ility company was organized | d under the laws of: | |
| 3. The Florida doc L0900001 | ument/registration number o | f this limited liability cor | npany is: |
| 4. I, MARTHA | CLAVIJO | , hereby resign as a | MANAGING MEMBER |
| (Print N | lame of Person Resigning) | · · · · · · · · | (Print Title) |
| of this limited lia resignation in wr | bility company and affirm thitting. | e limited liability compa | ny has been notified of my |
| Martho | - Carrijo | | |
| Signature of Resi | gning Member, Managing N | Member or Manager | |
| Filing Fee: | \$25.00 (Required) | | |
| Certified Copy: | \$30.00 (Optional) | | |