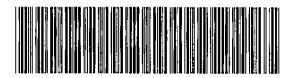
109000025761

(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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COVER LETTER

TO:	Regis	Registration Section			
	Divis	sion of Corporations			
SUBJ	ECT:	BAYFRONT MANAGEMENT GR			
		(Name of Lin	nited Liability Co	mpany)	
The er	nclosed	d member, resignation or dissoc	iation and fee(s) are submitted for filing.	
Please	return	all correspondence concerning	this matter to:		
RODN	EY CH	ERFILS			
		(Contact Person)		_	
		(Firm/Company)		_	
1000 N	W 1557	TH LN APT 426			
		(Address)		_	
MIAM	I FL 33	169			
		(City/State and Zip Code)		_	
For fu	rther i	nformation concerning this mat	er, please call:		
RODN	EY CH	ERFILS	786 at (2629326	
	(N	lame of Contact Person)		e & Daytime Telephone Number)	
Enclo:	sed ple	ease find a check made payable	to the Florida l	Department of State for:	
= \$2:	5 Filin	g Fee	□ \$55 Filin	g Fee & Certified Copy	
		ng Address:		Street Address:	
	_	stration Section sion of Corporations		Registration Section Division of Corporations	
		Box 6327		The Centre of Tallahassee	
		hassee, FL 32314		2415 N. Monroe Street, Suite 810	
	IGNA	1146566, 1 L JEP 17		Tallahassee, FL 32303	





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company a	us it appears on the records of the Florida Department UP LLC
2. The Florida docu	ument/registration number a	assigned to this limited liability company is:
L09000025761		
3. The date this me	mber/manager withdrew/re	signed or will withdraw/resign is:
4. I. NAOMIE LAFO	RTUNE	, hereby withdraw/resign as a
MGR	ame of Person Kesigning)	
	(Print Title)	
resignation in wr	of hune	he limited liability company has been notified of my
Signature of Di	ssociating Member or Resi	gning Manager
•	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	