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(Ac	idress)		
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J. BRYAN

MAR -2 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: SAboros LLC (Name of Limited Liability	
The er filing.	nclosed member, managing member or manager	resignation and fee(s) are submitted for
Please	return all correspondence concerning this matte	r to:
	Hernando Molina (Contact Person)	
	(Contact Person)	
	Saboros LLC	O MAR
-	(Firm/Company)	ASS -
	3711 Estepona Ave	10 MAR -1 PM 3: 16 SECRETARY OF STATI FALL AHASSEE, FLORI
	(Address)	F STAT
<u></u>	Doral fL 33178 (City/State and Zip Code)	DE 6
For fu	rther information concerning this matter, please	call:
	Name of Contact Person) at (30)	S 297 - 5572 Code & Daytime Telephone Number)
Enclos	sed please find a check made payable to the Flori	da Department of State for: \$55 Filing Fee & Certified Copy
Regist Divisi Clifton	ET/COURIER ADDRESS: cration Section on of Corporations n Building Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



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 it appears on the records of	of the Florida Department
	lity company was organiz ทั่วได	ed under the laws of:	
27-6	1355114 LO90	of this limited liability comp 00056804	pany is:
4. I, Hernar	udo Molina ame of Person Resigning)	, hereby resign as a	Partner/MGRM
of this limited liab resignation in writ		the limited liability company	TAL SE
	gning Member, Managing	Member or Manager	HAR -1 PH CRETARY OF CAHASSEE, I
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		D 3: 16 FLORIDA