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(Re	questor's Name)	
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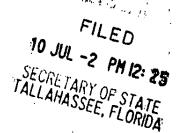
SECRETARY OF STATE
SECRETARY OF STATE
ANASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 544 Alone Investigated (Name of Limited	tweat Agerties (10 Liability Company)
The enclosed member, managing member or ma filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Harry Holan (Contact Person)	
	•
(Firm/Company)	
913#201 Lotus Vista Dr (Address)	· · · · · · · · · · · · · · · · · · ·
Altramente String FC 35	TIA.
For further information concerning this matter,	please call:
Richard S. Mckenin on at (Name of Contact Person)	(Acea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	se Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

· CR2E079 (5/06)





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: 54 M Prime Investment Properties, 110.
2. This limited liability company was organized under the laws of:
Florida
3. The Florida document/registration number of this limited liability company is:
10900084019
4. I, <u>Richard S. Actornan</u> , hereby resign as a <u>Mayorina Monter</u> (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
Plum
Signature of Resigning Member, Managing Member or Manager

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)