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SECRETARY OF STATIONS
DIVISION OF CORPORATIONS
10 SEP -3 AM II: 50

T. HAMPTON SEP - 1 2010 EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations

CR2E079 (5/06)

SUBJECT: AMARRAS DEL SOL, LLO	C 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:
ALVARO CASTILLO	
(Contact Person)	
CASTILLO & ASSOCIATES	
(Firm/Company)	
1390 BRICKELL AVENUE SUITE 2	200
(Address)	
MIAMI, FLORIDA 33131	
(City/State and Zip Code)	
For further information concerning this matter, p	please call:
ALVARO CASTILLO	₍ 305 ₎ 371-5540
	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$\sqrt{2}\$ \$\sqrt{2}\$ Filing Fee	se Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



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 i ARRAS DEL SOL, LL		s of the Florida D	epartn	nent
2. This limited liab	ility company was organized	under the laws of:			
3. The Florida docu L0900086	nment/registration number of \$520	this limited liability con	npany is:		
_{4. I,} MARIA L.		, hereby resign as a	MANAGER		_
(Print N	ame of Person Resigning)		(Print Title)	
of this limited lial resignation in wri	pility company and affirm the	limited liability compa	ny has been notif	ied of	my
Signature of Resi	gning Member, Managing M	ember or Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	•		10 SEP -3 AM II: 50	SECRETARY OF STATE NVISION OF CORPORATIONS

CR2E079 (5/06)