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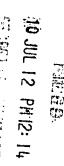
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Office Use Only



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S. HAWKES

JUL 1 3 2010

EXAMINER

COVER LETTER

MR Development Conous

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or further inform	ation concerr	ning this ma	tter, pleas	e call:			

Enclosed please find a check made payable to the Florida Department of State for:

STREET/COURIER ADDRESS:

\$25 Filing Fee

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Certified Copy

\$55 Filing Fee &

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CR2E079 (5/06)

TO:

Registration Section
Division of Corporations



DIVISION OF CORPORATIONS



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

1. The name of the	limited liability co	mpany as it a	ppears on the	records of th	ne Florida Departmer
of State is:	MR.	Develo	pmont	GRAI	o LLC'
2. This limited liab		·		·	
3. The Florida docu	nment/registration n	number of this	s limited liabil	ity company	/ is:
4. 1, MR. (Print No.	RAUL RODA	9veZ	. hereby resig	on as a	MONAGON.
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of this limited liab resignation in wri		affirm the lin	nited liability (company ha	s been notified of my
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Signature of Resignature	gning Member, Ma	naging Mem	ber or Manage	T	
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Certified Copy:	\$30.00 (Optiona	11)		i	
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