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B. BOSTICK

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EXAMINER

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CR2E079 (5/06)

## **COVER LETTER**

SUBJECT: WIN BAT 2 L. L. C.  (Name of Limited Liability Company)  The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to:  INAKI SAIZARBITORIA ESQ.  (Contact Person)  (Fim/Company)  21 SUN 15 ROAD SUITE 200  (Address)  (Address)  (City/State and Zip Code)  For further information concerning this matter, please call:  (Name of Contact Person)  (Area Code & Daytime Telephone Number)  Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee  \$25 Filing Fee \$55 Filing Fee & Certified Copy  STREET COURIER ADDRESS:  Registration Section  Division of Corporations Clifton Building  P.O. Box 6327  Tallahassee, Florida 32301	TO: Registration Section Division of Corporations		
(Name of Limited Liability Company)  The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to:  **INAILI SAIZARBITORIA , ESQ.**  (Contact Person)  (Contact Person)  (Address)  **All H. FL. 33129  (City/State and Zip Code)  For further information concerning this matter, please call:  **INAILI SAIZARBITORIA**  (Name of Contact Person)  (Area Code & Daytime Telephone Number)  Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee  \$55 Filing Fee & Certified Copy  **STREET/COURIER ADDRESS:** Registration Section  Division of Corporations Clifton Building  P.O. Box 6327  Tallahassee, Florida 32314	SUBJECT: WIN BAT	-, L.L.C.	
Please return all correspondence concerning this matter to:    NAK   SAIZARB   TOR   A   ESQ.	(Name of Limited	Liability Company)	
(Firm/Company)  (Firm/Company)  21 SW 15 LOAD SUITE 200  (Address)  HIAHI, FL. 33129  (City/State and Zip Code)  For further information concerning this matter, please call:    MAKI SAIZARBITORIA   At (305 ) 374-4106     (Name of Contact Person)   (Area Code & Daytime Telephone Number)    Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee & Certified Copy    STREET/COURIER ADDRESS: Registration Section Division of Corporations   D	Markets	inager resignation and fee(s) are submitted for	
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Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314			
2661 Executive Center Circle Tallahassee, Florida 32314		• • • • • • • • • • • • • • • • • • •	
		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 it appears on the recorn BAT, L.L.C.	rds of the Florida Department
2. This limited liab	ility company was organized under the laws of:	
3. The Florida doce 	ument/registration number of this limited liability c	ompany is:
4 1 MARCO	AURELIO BATTELLINI , hereby resign as	, MGRM
(Print Name of Person Resigning)		(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability compiting.	pany has been notified of my
	>	IAS -
Signature of Resi	gning Member, Managing Member or Manager	2 JAN 24 LLAHASS
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	PH L: L: