## 9000/106/4

(Re	equestor's Name)
(Ad	ddress)
(Ad	ddress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	A. LUNT MAY 22 2011
	FYARAIN

Office Use Only



400235341304

05/21/12--01005--003 \*\*25.00

## **COVER LETTER**

<b>TO:</b> Registration Section Division of Corporations			
Division of Corporations			
SUBJECT: FIRST AMERICAN T			
(Name of L	imited Liability Company)		
The enclosed member, managing member filing.	or manager resignation and fee(s) are submitted for		
Please return all correspondence concerning	ng this matter to:		
FRANCESCO TOGNINI	·		
(Contact Person)	·		
FIRST AMERICAN TRUST GR	OUP, LLC		
(Firm/Company)	And the second s		
1564 WEEPING WILLOW WAY			
(Address)	- (3) = T		
HOLLYWOOD, FL 33019	DE CONTROL CON		
(City/State and Zip Code)			
For further information concerning this ma	atter, please call:		
Ben Schiff	at (_954) 921-6431		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable \$25 Filing Fee	e to the Florida Department of State for: \$55 Filing Fee &		
	Certified Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle	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

	e limited liability company as RST AMERICAN TRU		s of the Flo	orida Departm	nent 
2. This limited liab	bility company was organized	d under the laws of:		BH A	
3. The Florida doc L0900011	rument/registration number o	f this limited liability con	npany is:	CLAHASSEE FLO	
4. I. MONICA	GALLON	, hereby resign as a	MANA	GER 👺	ا رايم
	Name of Person Resigning)	, nerecy resign as a	(Pi	rint Title)	_
of this limited lia resignation in w	ability company and affirm the riting.	e limited liability compa	ny has bee	en notified of	my
Mount Signature of Boo	a Sollar				
Filing Fee:	igning Member, Managing N \$25.00 (Required)				
Certified Conv.	\$30.00 (Ontional)				