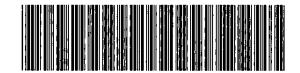
## L09000117434

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10 HAY 19 PM 1: 36
SECRETARY OF STATE

J. BRYAN

MAY 2 0 2010

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: 11322 Holdings, LLC	ed Liability Company)
(Name of Limb	Ed Liability Company)
The enclosed member, managing member or r filing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning the	nis matter to:
Pamela Bernal	
(Contact Person)	
11322 Holdings, LLC	
(Firm/Company)	AY.
14531 SW 136th Place	ARY SEE
(Address)	
Miami, Florida 33186	ECRETARY OF STATE PLORID
(City/State and Zip Code)	
For further information concerning this matter	r, please call:
Pamela Bernal	at ( 305 ) 510-3224
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	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 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 lir of State is: 1132	nited liability company as it ap 2 Holdings, LLC	opears on the records	s of the Flo	orida D	epartr	nent 
This limited liability company was organized under Florida		ler the laws of: 		SECRETARY VANT 35035	10 HAY 19	
3. The Florida docum L090001174	ent/registration number of this	limited liability cor	npany is:	OF STATE	PM 1: 36	
4. I, Camilo Bern	e of Person Resigning)	_, hereby resign as a	manag	ger rint Title	1	_
•	ity company and affirm the lin	nited liability compa	•	•	,	`my
Signature of Resign	ing Member, Managing Mem	ber or Manager				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					

CR2E079 (5/06)