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SECRETARY OF STATE

C. LEWIS

AUG 2 4 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 616 OCEAN BLVD GC (Name of Lim	DLDEN LLC ited Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:
JOSEPH B. RYAN III, ESQ.	
(Contact Person)	
JOSEPH B. RYAN III, P.A.	
(Firm/Company)	
2701 S. BAYSHORE DR., SUITE	E 402
(Address)	
MIAMI, FL 33133	
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
Joseph B. Ryan III, Esq.	at (305) 444-4949
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable t \$25 Filing Fee	o 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 2661 Executive Center Circle	P.O. Box 6327
Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



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SECRETARY OF STATE TALLAHASSEE. FLORIDA

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 in OCEAN BLVD GOLE	t appears on the records of the Florid DEN LLC	da Department
2. This limited liab	oility company was organized	under the laws of:	
3. The Florida doc 	-	his limited liability company is:	
4. I, Jean-Fran	cois Leroy	, hereby resign as a Member	
(Print N	lame of Person Resigning)	(Print	Title)
of this limited lia resignation in wr	• •	limited liability company has been r	notified of my
Signature of Res	igning Member, Managing Me	mber or Manager	
	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		