## 110000001326

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	us
Special Instructions to Filing Officer:	,
A. LUN	Т
SEP 28 2010	
EXAMINE	R

Office Use Only



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## **COVER LETTER**

TO:	Registration Section				
	Division of Corporations				
SUBJ				_	
	(Name of Limited	Liability Con	npany)		
The enfilling.	nclosed member, managing member or ma	anager resig	nation and fee(s) are submitte	ed fo	or
Please	e return all correspondence concerning this	s matter to:			
1 1000				£¢r	2
Ane	lta Braswell			<u>C</u>	S
	(Contact Person)		- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	in.	1010 SEP 27
	(Somust 1 stoom)		\$\frac{\partial}{\partial}\tag{3}	50	27
Rive	ra and Rosa LLC		نيار وين	<u> </u>	P
	(Firm/Company)		- FLORIC	(1)	Cia Cia
			<u> </u>	Ď,	3: 5 <b>6</b>
2580	SW 6th Court			141	
	(Address)		-		
	(radioss) į				
Fort	Lauderdale, FL 33312				
	(City/State and Zip Code)		-		
	•				
For fu	orther information concerning this matter,	please call:			
		054	F70 4000		
Ane		954	<sub>.)</sub> 579-4909	_	
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)	)	
Enclo	sed please find a check made payable to the	he Florida ľ	Denartment of State for		
Effeto	\$25 Filing Fee		S55 Filing Fee &		
		<b>▼</b> •	Certified Copy		
	EET/COURIER ADDRESS:		MAILING ADDRESS:		
_	tration Section		Registration Section		
	on of Corporations		Division of Corporations P.O. Box 6327		
	n Building Executive Center Circle		Tallahassee, Florida 32314		
	nassee, Florida 32301		I dilaliassoo, I lollaa 52517		

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	limited liability company as it	appears on the records of the FI	lorida De	partment
of State is: Rive	era and Rosa LLC		Fr.	. 22 .
	lity company was organized u	nder the laws of:	ECSE TARY OF ST	110 SEP 27 PM 3:
3. The Florida docu <u>L10000001</u>	_	is limited liability company is:	STATE	56
<sub>4. I,</sub> Anelt <u>a</u> Bra	swell	_, hereby resign as a MBR		
(Print No	ame of Person Resigning)		Print Title)	
residuation in wri		imited liability company has be	en notific	ed of my
Filing Fee:	\$25.00 (Required)			