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SECRETARY OF STATES OF ACTOM

COVER LETTER

for

TO: Registration Section Division of Corporations	
SUBJECT: CIBA Sewind (Name of Limited L	Liability Company)
The enclosed member, managing member or man filing.	nager resignation and fee(s) are submitted
Please return all correspondence concerning this	matter to:
(Contact Person)	
Gold byers of American (Firm/Company)	ica, LLC
1301 W. Congress Aue Su (Address)	ite 400
City/State and Zip Code)	126
For further information concerning this matter, pl	lease call:
(Name of Contact Person) at (877) 721-8033 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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 limited liability company as it appears on the reco of State is: CABA SEMINOLE, L	
2. This limited liability company was organized under the laws of:	
3. The Florida document/registration number of this limited liability of the florida document/registration number of this limited liability of the florida document/registration number of this limited liability of the florida document/registration number of this limited liability of the florida document/registration number of this limited liability of the florida document/registration number of this limited liability of the florida document/registration number of this limited liability of the florida document/registration number of this limited liability of the florida document/registration number of this limited liability of the florida document/registration number of this limited liability of the florida document/registration number of this limited liability of the florida document/registration number of this limited liability of the florida document/registration number of the florida doc	company is:
4. I, Watthew & Zvacek, hereby resign as (Print Name of Person Resigning)	s a MGTZ H (Print Title)
of this limited liability company and affirm the limited liability comresignation in writing.	pany has been notified of my
Signature of Resigning Member, Managing Member or Manager	
	• ,

\$25.00 (Required)

\$30.00 (Optional)

CR2E079 (5/06)

Filing Fee:

Certified Copy:

OIVISION OF CURPORATION

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