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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
	Construction (Name of Limited Liability Construction)	MANAGEMENT Company)	
The enclosed member, managing filing.	; member or manager res	signation and fee(s) are subm	nitted for
Please return all correspondence	concerning this matter t	o:	
Exac Pallarge (Contact Pers	<u> </u>		
	struction		
BI LUBLAM D	λ n .		12 FEB
Miami FL (City/State and Zi			TILED B-6 MIII:08
For further information concerning	•	ıl:	80: 08:
Enoc Pallang (Name of Contact Person	o at (95 9	591-3938 de & Daytime Telephone Num	ıber)
Enclosed please find a check made \$25 Filing Fee	de payable to the Florida	Department of State for: \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	S:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 3231	
Tallahassee, Florida 32301			

CR2E079 (5/06)



to Section

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 of State is:	Jimited liability compa	ny as it appears on the re-	cords of the Florida Department MANAGEMENT. L
2. This limited liab FLORI		nized under the laws of:	
3. The Florida doci	ument/registration numl	per of this limited liability	y company is:
4. I, Michael (Print N	Mallory Tame of Person Resigning)	, hereby resign	as a Managing MeMber (Print Title)
of this limited lial resignation in wr		rm the limited liability co	ompany has been notified of my
mn			12 R
Signature of Resi	gning Member, Managi	ing Member or Manager	T. B. Ass
Filing Fee:	\$25.00 (Required)		F. F. S.
Certified Copy:	\$30.00 (Nequired)		