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(Re	questor's Name)				
(Add	dress)				
(Ádd	dress)				
(City	y/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
· (Bu	siness Entity Nar	ne)			
(Do	cument Number)				
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D. BRUCE

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: PARK 1 L	ability Company)
The enclosed member, managing member or mana filing.	ger resignation and fee(s) are submitted for
Please return all correspondence concerning this m	natter to:
David Rodrigue (Contact Person)	Z Aos I
PARK N LOT, LL C (Firm/Company)	
ast Portstewart D	r. FSTATE FLORID.
Orlando FL 3282 (City/State and Zip Code)	
For further information concerning this matter, ple	ase call:
David Rodriguez at ((Name of Contact Person) (A	407 <u>883-2799</u> rea 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

	nited liability company a			e Florida D	epartm	ent
of State is:	PARK N	1 LOT, LL	C			
	y company was organize Florida	,		TALLAHASSEE	11 DEC 12	T
	ent/registration number		ility company	F STATE FLORIDA	Fig. 1: 05	ED
4. I, Car	Crcen e of Person Resigning)	, hereby resi	ign as a	NGR (Print Title)	<u> </u>	_
of this limited liabilities resignation in writing	ty company and affirm (he limited liability	company has	s been notifi	ied of	my
	Cal Gro	~~				
Signature of Resign	ing Member, Managing	Member or Manag	ţer			
Filing Fee: Certified Copy:						