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D. BRUCE

OCT 1 2010

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	9.2	8.2010
SUBJ	ECT: MARILAND LLC		
	(Name of Limited Liab	ility Company)	
The enfiling.	nclosed member, managing member or manag	er resignation and fee(s) a	are submitted for
Please	return all correspondence concerning this ma	tter to:	
MAF	RIO PIASENTE		
	(Contact Person)		
MAF	RILAND LLC		
	(Firm/Company)		
5410	RED CYPRESS LANE		10 S PALL
	(Address)		AHA PET
TAM	IARAC FL 33319		I IL E D 10 SEP 30 PM II: ECRETARY OF STALLAHASSEE, FLOR
	(City/State and Zip Code)		
For fu	rther information concerning this matter, pleas	se call:	TATE ORIDA
MAF	RIO PIASENTE at (954 309-7682	
*		ea Code & Daytime Telepho	one Number)
Enclo	sed please find a check made payable to the Fl \$25 Filing Fee	orida Department of State \$55 Filing Fee & Certified Copy	e for:
	ET/COURIER ADDRESS:	MAILING ADD	
_	ration Section	Registration Section	
	on of Corporations	Division of Corpo	orations
	n Building Executive Center Circle	P.O. Box 6327 Tallahassee, Flori	ido 22214
	assee, Florida 32301	rananassee, Fiori	IUA JZJ14

CR2E079 (5/06)



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 RILAND LLC	it appears on the records of the Florida Department
2. This limited liabi	lity company was organized	under the laws of:
3. The Florida docu 	•	this limited liability company is:
4. I, MARIO PLA	ASENTE ame of Person Resigning)	, hereby resign as a MANAGER/MEMBER (Print Title)
of this limited liab resignation in wri		e limited liability company has been notified of my
Huld Signature of Resi	gning Member, Managing M	4-28-2010 Ec. 5
Signature of Resi	giinig Memoer, Managing M	SEP 31
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	YOF STAN