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(Re	equestor's Name)			
(Ac	ddress)			
(Ac	Idress)			
(Ci	ty/State/Zip/Phone	; #)		
PICK-UP	☐ WAIT	MAIL.		
(Bı	usiness Entity Nam	ne)		
(Dc	ocument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
		·		

Office Use Only



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10/25/10--01038--005 **25.00



S. HAWKES

OCT 2 6 2010

EXAMINER

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: 10340 COURTSIDE,	
(Name of L	imited Liability Company)
The enclosed member, managing member filing.	or manager resignation and fee(s) are submitted for
Please return all correspondence concernir	ng this matter to:
ALVARO CASTILLO	
(Contact Person)	
ALVARO CASTILLO B. P.A.	
(Firm/Company)	
1390 BRICKELL AVENUE SUI	TE 200
(Address)	
MIAMI, FLORIDA 33131	
(City/State and Zip Code)	
For further information concerning this ma	tter, please call:
ALVARO CASTILLO	at (305) 371-5540
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$\sqrt{25}\$ Filing Fee	to the Florida Department of State for: \$55 Filing Fee &
• • • • • • • • • • • • • • • • • • •	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee Florida 32301	ranamoss, riolea 32317

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

高いる

1 771	mited liability company as i	t	of the Floriday Donas matter
	10 COURTSIDE, LLC		5 5
2. This limited liabiling FLORIDA	ity company was organized	under the laws of: 	PH 12: 56
3. The Florida docum	nent/registration number of	this limited liability con	npany is:
4. I. ROBERTO	D. NAPARSTEK	hereby resign as a	Manager
(Print Nat	ne of Person (Resigning)		(Print Title)
of this limited liabi resignation in writi	lity company and affirm the	limited liability compar	ny has been notified of my
Signature of Resign	ning Member, Managing Me	ember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		

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