#L 1000009/138

(Requestor	's Name)			
(Address)				
•				
(Address)				
(City/State/	Zip/Phone #)			
PICK-UP	WAIT MAIL			
	_			
(Business I	Entity Name)			
(Document Number)				
Contified Conice	tadificates of Chatro			
Certified Copies C	entificates of Status			
Special Instructions to Filing O	fficer:			
:				

Office Use Only



800226615008

04/02/12--01041--013 **35.00

12 APR 17 PH 3: 22
SECRETARY OF STATE
ALLABASSEE EL COM

K.SALY EXAMINER APR 18 2012



April 5, 2012

BORIS JAYNES RE: CONDO COURT RECEIVERS, LLC 6262 SW 40 ST, STE. 2E MIAMI, FL 33155

SUBJECT: CONDO COURT RECEIVERS, LLC

Ref. Number: L10000091138

We have received your document for CONDO COURT RECEIVERS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Letter Number: 012A00011105

Karen A Saly Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Condo Covet RECEIVERS, LLC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Luis E PERNA (Contact Person)
Condo Covet RECEIVERS LLC (Firm/Company)
6262 SW 40 St Svite 2E
Mi4mi, Fl. 33155 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (305) 668-5886 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



FILED"

12 APR 17 PM 3: 23

SEURETARY OF STATE
TALLAHASSEE, FLORIDA.

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	y as it appears on the records o	f the Florida Department
2. This limited liab	oility company was organ	ized under the laws of:	
4	ument/registration numbe	er of this limited liability compa	any is:
4. I, Boris	JAYNES Jame of Person Resigning)	, hereby resign as a	MGR (Print Title)
of this limited lia resignation in wr		n the limited liability company	has been notified of my
Bozii & Signature of Res) Saynes igning Member, Managin		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		