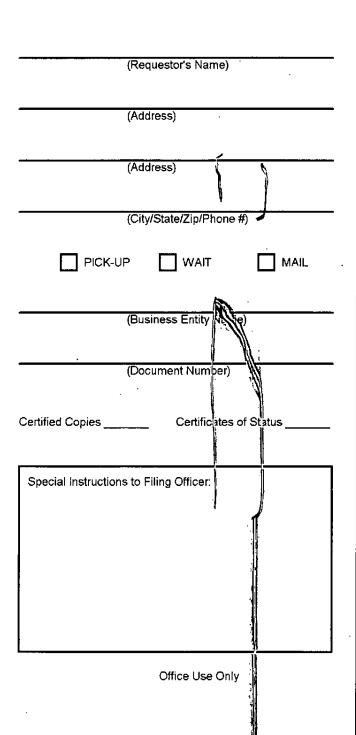
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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON
DEC 2 1 2010
EXAMINEP

#### **COVER LETTER**

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for

TO: Registration Section	
Division of Corporations	2
	Liability Company)
(Name of Emmed	Clability Company)
The enclosed member, managing member or mafiling.	inager resignation and fee(s) are submitted
Please return all correspondence concerning this	s matter to:
Michael La Bru (Contact Person)	'M
(Contact Person)	
Aloha Gropesty Mai	nagement, LLC
(Firm/Company)	·
3500 Aloha DR. (Address)	<u> </u>
· (Address)	•
Surcusota, FL 34.  (City/State and Zip Code)	232
(City/State and Zip Code)	
For further information concerning this matter, p	
Michael LaBeum at	(Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	ne Florida Department of State for:  \$55 Filing Fee &  Certified Copy
STREET/COURIED ANDRESS.	MAILING ADDRESS

Registration Section

P.O. Box 6327

**Division of Corporations** 

Tallahassee, Florida 32314

CR2E079 (5/06)

Registration Section

Clifton Building

**Division of Corporations** 

2661 Executive Center Circle

Tallahassee, Florida 32301



### FLORIDA DEPARTMENT OF STATE Division of Corporations

#### RECEIVED

10 DEC 20 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

December 7, 2010

MICHAEL LABRUM 3500 ALOHA DR SARASOTA, FL 34232

SUBJECT: ALOHA PROPERTY MANAGEMENT, LLC

Ref. Number: L10000091295

We have received your document for ALOHA PROPERTY MANAGEMENT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You can only resign Member, Managing Member of Manger that form. To resign as Registered Agent that is a separate form and the fee is \$85.00.

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

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 910A00028356



### 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 lin	nited liability company as it a	ppears on the records of Manager Manager 1990	of the Florida Dep	artmei	nt
	y company was organized und				
1 100	ent/registration number of this				
4. I, Make	y Bilichi e of Person Resigning)	_, hereby resign as a _	Manage,	e/11	ne <i>m Bek</i>
of this limited liabil resignation in writin	ity company and affirm the ling.		y has been notified	d of m	у
Signature of Resign	ing Member, Managing Mem	ber or Manager			드
Filing Fee: Certified Copy:				TO DEC 20 AM :	SECRETARY OF S