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T. CLINE
FEB. - 7 2012
EXAMINER

TO STATE OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	1 + 110
SUBJECT: BARAIT 6 Roup (Name of Limited Lia)	FAUESTMENT LLC
(Name of Entitled Liai	omity Company)
The enclosed member, managing member or managiling.	er resignation and fee(s) are submitted for
Please return all correspondence concerning this ma	atter to:
ARMANDO BARAIT (Contact Person)	
(Contact Person)	 .
BARALT GROUP INVESTIGATION (Firm/Company)	ient ice.
6200 Hollywood Blud	
Hollywood FL 33024 (City State and Zip Code)	
For further information concerning this matter, plea	se call:
ARMAN So BARA/+ at (Arman of Contact Person) (Arman of Contact Person)	305) 439- 1639 ea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F \$25 Filing Fee	lorida 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

1. The name of the of State is:	limited liability company as	s it appears on the records of WIESTMENT, LL	the Florida Department
2. This limited liab	ility company was organized	i under the laws of:	
3. The Florida doc <u>2</u> 1000	ument/registration number of	f this limited liability compar	ny is:
4. I, Ronug	I/So PONERO Jame of Person Resigning)	, hereby resign as a	16. R.M. (Print Title)
	bility company and affirm th	ne limited liability company h	
Signature of Res	gning Member, Managing N	Member or Manager	2012 FI
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		EB-6 PM_1:5