

L10000132360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

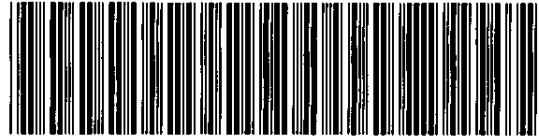
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

T. CLINE

MAY - 3 2011

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CORPORATE PARTNERS USA, 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:

ERALDA R. ELOUNI ESSALAMI  
(Contact Person)

BeENVY, INC.  
(Firm/Company)

P.O. BOX 681543  
(Address)

MIAMI, FLORIDA 33168  
(City/State and Zip Code)

For further information concerning this matter, please call:

ERALDA R. ELOUNI ESSALAMI at ( 786 ) 259-2125  
(Name of Contact Person) (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  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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 as it appears on the records of the Florida Department of State is: CORPORATE PARTNERS USA, LLC

2. This limited liability company was organized under the laws of:  
Puuant to the Internal Revenue code including but not limited to any and all applicable laws, rule or regulation governing a trust. The company intended to qualify as a real estate investment trust. A REIT based in Miami, Florida.

3. The Florida document/registration number of this limited liability company is:  
L10000132360

4. I, ERALDA R. ELOUNI ESSALAMI, hereby resign as a MANAGER  
*(Print Name of Person Resigning)* *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

CR2E079 (5/06)

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