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(Address)			
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAVISH LIFESTYLES, 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:

John Llovet (Contact Person)

LAVISH LIFESTYLES, LLC

(Firm/Company)

7520 S Red Rd SUite J

(Address)

Miami, FL 33143

(City/State and Zip Code)

For further information concerning this matter, please call:

John Llovet at (305) 761-0071

(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

CR2E079 (5/06)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company as it ap	pears on the records of the Florida Department
2. This limited liabi Florida	lity company was organized und	er the laws of:
3. The Florida docu L110000037	ment/registration number of this	limited liability company is:
4. I, David Alvarez (Print Name of Person Resigning)		, hereby resign as a MGRM (Print Title)
of this limited liab resignation in wri	oility company and affirm the lim	nited liability company has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	of Manager

CR2E079 (5/06)