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/Damie	aboda Niawa)
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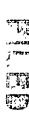


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WITCHE SECTION OF STATES

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COVER LETTER

PO: Registration Section Division of Corporations	
SUBJECT: SHIVAM SUNDARAM H	OTELS LLC
	d Liability Company)
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning the	is matter to:
Michael F. Kayusa	
(Contact Person)	
Michael F. Kayusa, Attorney at Lav	v
(Firm/Company)	
P.O. Box 2237	
(Address)	· ·
Fort Myers, FL 33902	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
April McDaniel	, 239 334-8200
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t	the Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as VAM SUNDARAM H		s of the Florida Department
2. This limited liabi FLORIDA	lity company was organize	d under the laws of:	
3. The Florida docu L11000007	ment/registration number o	of this limited liability con	mpany is:
of this limited liab	ime of Person Resigning) ility company and affirm th	, hereby resign as a	MANAGER (Print Title) any has been notified of my
	sh Bhukk gning Member, Managing N	Member or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		2 C 15

CR2E079 (5/06)