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(Re	equestor's Name)	······································			
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**EXAMINER** 



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SECRETARY OF STATE DIVISION OF CORPORATIONS

## **COVER LETTER**

Division of Corporations
SUBJECT: Vista Point (CC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted filing.
Please return all correspondence concerning this matter to:
Aurelia A. Piezra (Contact Person)
Prida : lesupony ORA
9100 S. Didland Blud Ste 912 (Address)
Micro 72. 33156 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (Oct & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee \$  Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



## 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: \( \sqrt{1} \)	limited liability	company as it ap	pears on the records	of the Florida I	Department
2. This limited liab		vas organized und	er the laws of:		
	ument/registrati		limited liability con	npany is:	
	•		, hereby resign as a	MANAGER	MEMBERZ
	bility company		ited liability compar		
Signature of Resi	gning Member,	Managing Memb	er or Manager		
Filing Fee: Certified Copy:	\$25.00 (Req \$30.00 (Opti				