

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(Chyrotatoralph Hono h)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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SECRETARY OF STATE

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: SIGNA SIEUAL PROSECTS GROWP, LIC (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:	
Mar Gruzensk) (Contact Person)	
SIBMA Sweige Property Group (Firm/Company)	
Chery Chare MD 20815 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Marc Gruzersk)  (Name of Contact Person)  at (202), 316 5595  (Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: \$\square\$ \$\frac{1}{2}\$\$ \$\fr	
STREET/COURIER ADDRESS:  Registration Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, Florida 32301  CR2F079 (5/06)  MAILING ADDRESS:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, Florida 32314  CR2F079 (5/06)	4. acad



## 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 i		
2. This limited liab	lity company was organized	under the laws of:	
	ment/registration number of	this limited liability compa	ny is:
4. I, <u>Yanc</u> (Print No	E. GRUZENSKI ame of Person Resigning)	, hereby resign as a	MGLM (Print Title)
of this limited liab resignation in wri	oility company and affirm the ting.	limited liability company l	has been notified of my
Signature of Resi	gning/Member, Managing M	II/I 6/12 ember or Manager	
	\$25.00 (Required) \$30.00 (Optional)		BIZNOV. BECRETA TALLAHAS