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(City/State/Zip/Phone #)			
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2011 NOV -9 P.W 2:1

C. LEWIS NOV 1 0 2011 EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: KISSIMMEE INVESTORS	S ACQUISITION LLC
SCBSECT:	Liability Company)
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
Lisa M. Saunders, Esquire	
(Contact Person)	
Law Office of Saunders & Saunders	s, P.A.
(Firm/Company)	
7232 W. Sand Lake Road, Suite 20)2
(Address)	
Orlando, Florida 32819	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Lisa M. Saunders, Esquire at	321 319-0459
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	ne 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 32301	Tallahassee, Florida 32314

CR2E079 (5/06)

TO: Registration Section



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SECRETARY OF STATE TALLAHASSEE. FLORIDA

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:	limited liability company as KISSIMMEE INVES	it appears on the records of STORS ACQUISITION	f the Florida Department ON LLC .
	oility company was organized orida	under the laws of:	
	ument/registration number of 1000040878	this limited liability compa	any is:
т. 1,	ila Rabi Iame of Person Resigning)	, hereby resign as a	Manager (Print Title)
•	bility company and affirm the	e limited liability company	has been notified of my
Jale	(Kabi		
Signature of Res	igning Member, Managing M	ember or Manager	
_	\$25.00 (Required) \$30.00 (Optional)		
ceranica copy.	φυσιου (Optionar)		