#1/1000058433

(Requestor's Name)				
(Address)				
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PICK-UP	☐ WAIT	MAIL		
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SECRLIARY OF STATE
ANTIANASSEE, FLORIDA

K. SALY EXAMINER MAY 2 9 2013

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Quantum Bayviev	v, LLC		
(Name of Limite	ed Liability Con	npany)	
The enclosed member, managing member or rafiling.	nanager resig	nation and fee(s) are submitted fo	
Please return all correspondence concerning th	nis matter to:		
Eric J. Grabois	·		
(Contact Person)		•	
Eric J. Grabois, P.L.			
(Firm/Company)		_	
407 Lincoln Rd. Ste. 9-D			
(Address)		_	
Miami Beach, FL 33139			
(City/State and Zip Code)		-	
For further information concerning this matter	, please call:		
Eric J. Grabois	305	891-2029	
(Name of Contact Person)		& Daytime Telephone Number)	
Enclosed please find a check made payable to	the Florida Ç	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	

CR2E079 (5/06)

Tallahassee, Florida 32301



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SECRETARY OF STATE-PALL-AHASSEE, 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	limited liability company as	it appears on the records	of the Florida Department
of State is: Qua	antum Bayview, LLC		
2. This limited liab	ility company was organized	under the laws of:	
Florida		·	
The Florida docu	ument/registration number of	this limited liability comp	pany is:
L11000058	433		
		 '	
4. I, Pascal Nice	olai	, hereby resign as a 1	Manager & Member
(Print N	lame of Person Resigning)		(Print Title)
of this limited lia	bility company and affirm the	e limited liability compan	y has been notified of my
resignation in wr	iting.	•	
///	/ //		
	1/1/1N		
Signature of Resi	igning Member, Managing M	ember or Manager	
o Signature or Res	ygining ivicinioci, ivianaging ivi	ember of Manager	
•			
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		