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#### **COVER LETTER**

	egistration Section ivision of Corporations	
SUBJEC	T: BRISAS DEL PLATA LLO	Liability Company)
	(Name of Limited	Elability Company)
The enclo	osed member, managing member or ma	anager resignation and fee(s) are submitted for
Please ret	turn all correspondence concerning this	s matter to:
MADE	LEINE D LONGARAY	
	(Contact Person)	
LONGA	ARAY & ASSOCIATES, INC	
	(Firm/Company)	
8360 V	VEST FLAGLER ST #203	
	(Address)	
MIAMI	, FL 33144	
	(City/State and Zip Code)	
For further	er information concerning this matter,	please call:
MADE	LEINE D LONGARAY	305 553-9801
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed	please find a check made payable to the \$\sqrt{2}\$ \$25 Filing Fee	ne Florida Department of State for:  \$55 Filing Fee & Certified Copy
Registrati Division of Clifton B 2661 Exe	C/COURIER ADDRESS: ion Section of Corporations uilding cutive Center Circle ee. Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



# FILED 11 JUN 30 AN IO: 46 SECRETARY OF STATE TALLAMASSEE, FLORE

### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company		ears on the rec	ords	of the Flor	ida Depai	rtment
2. This limited liab FLORIDA	ility company was organiz	ed under	the laws of:				
	ument/registration number 20 65 4.76	of this li	mited [liability	τέοης -	pany is:		
4. 1, EDUARDO SORIA (Print Mone of Person Resigning)		. !	_, hereby resign as a MANAGER				
		* '	and market africans	(Prh	(Print Title)		
resignation in w	plity company and affirm- ing. gning Member, Managing	e <sup>2</sup>		mpai	ny has been	notified	of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			•			

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