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| Special Instructions to I | Filing Officer: | |
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Office Use Only



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SECKETARY OF STATE
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COVER LETTER

Registration Section Division of Corporations

TO:

| | ted Liability Company) |
|--|---|
| The enclosed member, managing member or filing. | manager resignation and fee(s) are submitted for |
| Please return all correspondence concerning to | this matter to: |
| FRANK ACEVELC (Contact Person) | |
| ACE COVA-GrOU (Firm/Company) | ple |
| 19979 5W 7th p | ١٧ |
| Paubwho Pinus, = | Fl 33029 |
| For further information concerning this matte | r, please call: |
| FNANK ACEVEDO (Name of Contact Person) | at (954) 934-36/2 (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to \$25 Filing Fee | the Florida Department of State for: \$55 Filing Fee & Certified Copy |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: |
| Registration Section Division of Corporations | 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

| | mited liability company as it appears on the records of the Florida Department |
|---------------------------|--|
| of State is: | ACE CORE-GNOUP LLC |
| 2. This limited liability | ty company was organized under the laws of: |
| 3. The Florida docum | nent/registration number of this limited liability company is: |
| 4. I, ANA | ACEVED, hereby resign as a Manager (Print Title) |
| resignation in writing | |
| _ (lua | Muud |
| Signature of Resign | ing Member, Managing Member or Manager |
| Filing Fee: | \$25.00 (Required) |
| Certified Copy: | \$30.00 (Optional) |