L11000096988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

(Business Entity Name)
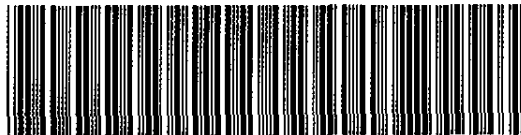
(Document Number)

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DEC - 6 2011

EXAMINE

COVER LETTER

TO: Registration Section
     Division of Corporations

SUBJECT: TAMIAMI INVESTMENTS LLC
_____
(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:

Ramon Toranzo
_____
(Contact Person)

_____
(Firm/Company)

14021 SW 143 COURT, #2
_____
(Address)

Miami, Florida   33166-5743
_____
(City/State and Zip Code)

For further information concerning this matter, please call:

Ramon Toranzo   at (786) 338 6818
_____
(Name of Contact Person)   (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the 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 32314
Tallahassee, Florida 32301

CR2E079 (5/06)

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: **TAMIAMI INVESTMENTS LLC** .

2. This limited liability company was organized under the laws of:
   FLORIDA .

3. The Florida document/registration number of this limited liability company is:
   L11000096988 .

4. I, **ADRIANA MARTINEZ** , hereby resign as a **MANAGER**
   (Print Name of Person Resigning)   *(Print Title)*

   of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

   _____
   Signature of Resigning Member, Managing Member or Manager

   SECRETARY OF STATE
   TALLAHASSEE, FLORIDA
   11 DEC -5 AM 10: 48
   FILED

   Filing Fee: $25.00 (Required)
   Certified Copy: $30.00 (Optional)

CR2E079 (5/06)