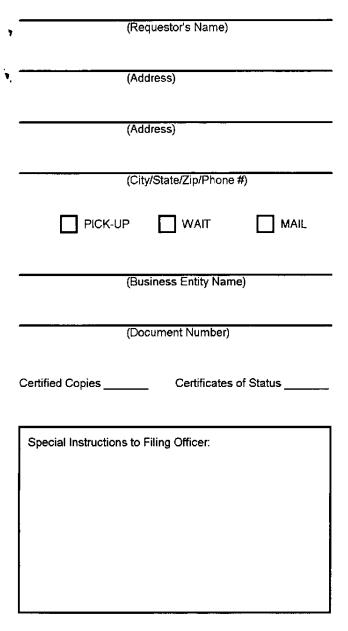
## L11000108635



Office Use Only



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B. BOSTICK OCT 10 2011 EXAMINER

## **COVER LETTER**

CR2E079 (5/06)

TO: Registration Section Division of Corporations	,		
SUBJECT: MGRM RESIGNATION			
(Name of Limited Liability Co	ompany)		
The enclosed member, managing member or manager resifiling.	gnation and fee(s) are submitted	for	
Please return all correspondence concerning this matter to	:		
FABIAN CONDE			
(Contact Person)	_		
FABIAN CONDE	<del></del>		
(Firm/Company)	A.S	)a	
909 NORTH 13 CT		1 00	•
(Address)	HASS	<u></u>	deserted in the second
HOLLYWOOD FLORIDA 33019	<u> </u>	7	1
(City/State and Zip Code)	- FL0		gamen. Discum
For further information concerning this matter, please call	RIDA RIDA	1: 38	
FABIAN CONDE at 954	3946940		
(Name of Contact Person) (Area Cod	e & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida  \$25 Filing Fee	Department of State for: \$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		



## 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 ap of State is: FORTE ONE LLC	ppears on the records of the Florida Department
2. This limited liability company was organized und FLORIDA	der the laws of:
FLORIDA	<b>-</b> ∙
3. The Florida document/registration number of this L11000108635	s limited liability company is:
4. I, JOSE CONDE	_, hereby resign as a MGRM
(Print Name of Person Resigning)  of this limited liability company and affirm the line resignation in writing.	(Print Title)
	TALLA
Signature of Resigning Member, Managing Member	CO TO TO THE POST OF THE POST
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	AMII: 38 E. FLORIDA