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(Requestor's Name)					
(Address)					
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(Address)					
(City/State/Zip/Phone #)					
(,,					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Business Entry Name)					
(Document Number)					
Certified Copies Certificates of Status					
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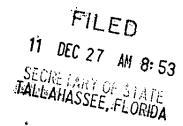
11 DEC 27 M 8: 53
SECKETANT OF STATE

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI		d Liability Company)
The enfiling.	nclosed member, managing member or n	nanager resignation and fee(s) are submitted for
Please	return all correspondence concerning the	is matter to:
Kimb	perly L. Poe	
	(Contact Person)	
One	Fine Property LLC	
	(Firm/Company)	
1429	00 Nesting Way #D	
	(Address)	
Delra	ay Beach, FL 33484	
	(City/State and Zip Code)	
For fur	rther information concerning this matter	, please call:
John	Martone ,	at (954 ₎ 483-7500
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclos	sed please find a check made payable to	the Florida Department of State for:
	\$25 Filing Fee	\$55 Filing Fee &
		Certified Copy
STRE	ET/COURIER ADDRESS:	MAILING ADDRESS:
_	ration Section	Registration Section
	on of Corporations	Division of Corporations
	Building	P.O. Box 6327
	Executive Center Circle	Tallahassee, Florida 32314
i ailaha	assee, 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

		it appears on the records of the	Florida Department
of State is: On	e Fine Property LLC		
2. This limited liab	oility company was organized	d under the laws of:	
3. The Florida doc L1100011	-	f this limited liability company	is:
		·	
4. I. Kimberly L. Poe		, hereby resign as a Mar	ager
Print N	ame of Person Resigning)		(Print Title)
of this limited lia resignation in wr		e limited liability company has	been notified of my
_X nds	erly & R		
Signature of Resi	gning Member, Managing M	1ember or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		