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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations

LE ROYAL MANAGEMENT GROUP

(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:

JASON CINTRON (Contact Person) Le Royal Management Group (Firm/Company) 1320 Lucaya Circle (Address) Orlando, Fl 32824 (City/State and Zip Code) For further information concerning this matter, please call: Jason Cintron (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee &

STREET/COURIER ADDRESS:

■ \$25 Filing Fee

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

Certified Copy

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

| | nited liability company as it ap byal Management Group | | Florida Department |
|---|---|-------------------------------|---------------------------|
| 2. This limited liabiling Florida | ty company was organized und | er the laws of: | 2013 NÚT 22 TALLAHASSI |
| 3. The Florida docum L1100014280 | ent/registration number of this | limited liability company i | |
| 4. I, Rodolfo Rest | e of Person Resigning) | , hereby resign as a Mem | ber MER (Print Title) |
| of this limited liabil resignation in writing | ity company and affirm the lim | nited liability company has l | been notified of my |
| Signature of Resign | ing Member, Managing Memb | er or Manager | |
| Filing Fee: | \$25.00 (Required) \$30.00 (Optional) | | |