	equestor's Name)				
(Re	equestors ivame)	•			
(Address)					
(Ac	ldress)				
(Ci	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
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Continue of Other					
Certified Copies Certificates of Status					
Special Instructions to	Filing Officer:				

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2012 APR 26 MH 8: 24

J. SAULSBERRY **EXAMINER** 

APR 27 2012

## **COVER LETTER**

Division of Corporations			
SUBJECT: BABINGTON PROPERTIES, L.L.	C.		
(Name of Limited Liability C	Company)		
The enclosed member, managing member or manager resfiling.	signation and fee(s) are submitted for		
Please return all correspondence concerning this matter t	o:		
MAGALIS RIVERA			
(Contact Person)	<b>201</b> 1 SE TALL		
BABINGTON PROPERTIES, L.L.C.	BIZ APR 26 SECRETARN		
(Firm/Company)	SSER		
1108 KANE CONCOURSE, SUITE 302	AM 8c		
(Address)	RATE RED		
BAY HARBOR ISLANDS, FLA., 33154	,		
(City/State and Zip Code)	<del></del>		
For further information concerning this matter, please ca	11:		
MAGALIS RIVERA at ( 786	de & Daytime Telephone Number)		
(Name of Contact Person) (Area Co	de & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida \$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		

CR2E079 (5/06)

Tallahassee, Florida 32301

**TO:** Registration Section



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company a		ls of the Flori	da Depa	irtment 	t
2. This limited liabil FLORIDA	ity company was organize	ed under the laws of:				
3. The Florida document	ment/registration number o	of this limited liability co	mpany is:		,	
4. I, KRISIA DEL	PRADO me of Person Resigning)	, hereby resign as a	MGRM (Print	Title)		
of this limited liabi resignation in writ	lity company and affirm ting.	he limited liability compa	any has been i	notified	of my	
Signature of Resig	ning Member, Managing	Member or Manager		SECRETAR TALLAHASS	2012 APR 26	77
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			Y OF STATE EE, FLORID	5 AM 8: 24	