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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GREENBERG TRAURIC (ORLANDO)

Account Number: 103731001374 Phone: (407)418-2435

Fax Number : (407)420-5909

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Enter the email address for this business entity to be used for furse annual report mailings. Enter only one email address please.

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EXAMINER

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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 li- of State is: SUN	mited liability company as it app EAGLE PLAZA, LLC	pears on the records of th	e Florida Depa	rtment	
2. This limited liabili	ty company was organized unde	er the luws of:	SECRI TALLAI	12 JUL	
3. The Florids docum L120000847	nent/registration number of this 1/27	limited liability company	ETARY OF HASSEE, I	L 18 #	APPROV AND FILED
	OPMENT, INC. ne of Person Resigning) lity company and affirm the limi		Y	9: 3 5	Ē
resignation in writing	ng. Mario	JeBailer, Presid		•	
Signalure of Resign	ning Member, Managing Membe	er or Manager			
Filing Fee: Certified Copy:	\$25,00 (Required) \$30,00 (Optional)				

CR21079 (5/06)