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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Phone

: (305)634-3694

Fax Number

: (305)633-9696

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FLORRA INVESTMENTS LLC

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EMPIRE CORP

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COVER LETTER

TO: Registration Section Division of Corporations

FLORRA INVESTMENTS LLC

(Name of Limited Liability Company)

TORC JUN 8:55 The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

(Firm/Company)

2200 SW 9TH AVENUE

(Address)

MIAMI FL 33129

(Clty/State and Zip Code)

For further information concerning this matter, please call:

MARIA C MAGARINO

(Name of Contact Person)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

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

CR2E079 (5/06)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

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EMPIRE CORP

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PLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

APPER AND SECONDS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: FLORRA INVESTMENTS LLC	
2. This limited Hability company was organized un	der the laws of:
3. The Florida document/registration number of thi L12000086894	s limited liability company is:
4. I, MIGUEL ILUCHKO (Print Name of Person Resigning)	_, hereby resign as a MGR
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. Signature of Resigning Member, Managing Member or Manager	
Filling Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	

CR2E079 (5/06)