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EXAMINER



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12 OCT 26 PM 2:37

COVER LETTER

Division of Corporations	
SUBJECT: MATMAN PROPERTI	
(Name of Limite	d Liability Company)
The enclosed member, managing member or mfiling.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
MATIAS MANTCHOFF	
(Contact Person)	
MATMAN PROPERTIES LLC	
(Firm/Company)	
11900 BISCAYNE BLVD. 306	, <u> </u>
(Address)	
NORTH MIAMI, FL 33181	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
MATIAS MANTCHOFF	nt (305) 7622648
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	
✓ \$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
Tallahassee, 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

	limited liability company as TMAN PROPERT	s it appears on the records o	f the Florida Department
2. This limited liab FLORIDA	ility company was organized	d under the laws of:	
3. The Florida docu L1200010	•	of this limited liability comp	any is:
4. I, CARLA A	. ANZALDI	, hereby resign as a N	/ANAGER
(Print N	ame of Person Resigning)		(Print Title)
of this limited lial resignation in wr		ne limited liability company	has been notified of my
\/iii	fof		
Signature of Resi	gning Member, Managing M	Member or Manager	
_	\$25.00 (Required) \$30.00 (Optional)		12 OCT 2