## L12000/53583

| (Requ                      | uestor's Name) |             |
|----------------------------|----------------|-------------|
| (Addr                      | ess)           |             |
| (Addr                      | ess)           |             |
| (City/                     | State/Zip/Phon | e #)        |
| PICK-UP                    | ☐ WAIT         | MAIL        |
| (Busi                      | ness Entity Na | me)         |
| (Doct                      | ument Number)  | ,           |
| Certified Copies           | Certificate    | s of Status |
| Special Instructions to Fi | iling Officer: |             |
|                            |                |             |
|                            |                |             |
|                            |                |             |

Office Use Only



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AUG - 2 2013

T. HAMPTON

| TO: Registration Section                                |                                |  |
|---|--------------------------------|--|
| Division of Corporations                                |                                |  |
|   |                                |  |
| SUBJECT: Haven Cove, LLC                                |                                |  |
| (Name of  | Limited Liability (            | Company)                               |
| The enclosed member, managing membe filing.             | r or manager res               | signation and fee(s) are submitted for |
| Please return all correspondence concerni               | ing this matter to             | <b>o</b> :                             |
| Pamela S. Creswell                                      |                                |  |
| (Contact Person)  |                                | <del></del>                            |
| (F10)   |                                |  |
| (Firm/Company)  |                                |  |
| 1750 North Bayshore Dr. Apt 2312                        |                                |  |
| (Address)   |                                | <del></del>                            |
|   |                                |  |
| Miami, FL 33132   |                                |  |
| (City/State and Zip Code)                               |                                |  |
| For further information concerning this m               | natter, please cal             | ll:                                    |
| Pamela S. Creswell                                      | at (303                        | 829-3320                               |
| (Name of Contact Person)                                | (Area Co                       | de & Daytime Telephone Number)         |
| Enclosed please find a check made payab                 | le to the Flo <del>r</del> ida | Department of State for                |
| □ \$25 Filing Fee                                       |                                | \$55 Filing Fee &                      |
| <b>~</b>  |                                | 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 32301 |                                | 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

| 1. The name of the of State is: Hav |  | it appears on the records of the   | Florida Department             |
|-------------------------------------|--|------------------------------------|--------------------------------|
| 2. This limited liab                | ility company was organized                            | l under the laws of:               |                                |
| 3. The Florida doce<br>L1200015358  | -  | f this limited liability company i | s:                             |
| •                                   | lame of Person Resigning) bility company and affirm th | , hereby resign as a Memb          | (Print Title)                  |
| Signature of Res                    | Igning Member, Managing M                              | 1ember or Manager                  |                                |
| Filing Fee:<br>Certified Copy:      | \$25.00 (Required)<br>\$30.00 (Optional)               |                                    | SECRETARY OF DIVISION OF CURPC |