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SECRETARY OF STATE

COVER LETTER

TO:	-	ion Section of Corporations			
SUBJ	ECT:	SUPERIOR (Na	REAL me of Lim	ESTATE	COMPANY, LLC.
The er filing.		mber, managing mo	ember or	· manager resig	gnation and fee(s) are submitted for
Please	e return all	correspondence cor	icerning	this matter to:	
E	DUARC	Contact Person)	ACE	VED O	_
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For fu	ırther infor	mation concerning	this matt	er, please call:	
Ec	Name(Name	of Contact Person)	ne do	at (<u>954</u> (Area Code	e & Daytime Telephone Number)
Enclo		find a check made page 1 \$25 Filing Fee	payable (Department of State for: \$55 Filing Fee & Certified Copy
Regis Divisi Clifto	tration Section of Corpor Building	oorations			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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

1. The name of the li of State is:	mited liability co	mpany as Real	it appears on Estate	the records of	the Florida	a Departme	nt _·
2. This limited liabil		organizec	l under the la	ws of:		SECRETAR TALL AHASS	אוויין אוויין אוויין
3. The Florida docur	_	number o	f this limited	liability compa	ny is:		PM 12: 40
4. I, EDUALDO (Print Nati	MIGUEL me of Person Resign	ACEVE I	<u>೦೦</u> , hereby	resign as a	TITLE (Print)	MGRM	<i>-</i>
of this limited liabi		l affirm th	e limited liab	ility company	has been no	otified of m	ıy
Signature of Resig	ning Member, M	anaging N	Member or Ma	nager			
Filing Fee: Certified Copy:	\$25.00 (Requir \$30.00 (Option	•					