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B. BOSTICK DEC 1 1 2013

TXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
	pital Partner Liability Company)
The enclosed member, managing member or mafiling.	unager resignation and fee(s) are submitted for
Please return all correspondence concerning this Rola Fael Benave. (Contact Person)	s matter to: UHC
(Firm/Company) 735 Hav bor (Address)	DRIVE
City/State and Zip Code) For further information concerning this matter,	m-: W
Ratal Benaveuk a (Name of Contact Person)	-n 24
Enclosed please find a check made payable to to \$25 Filing Fee	he Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle Tallahassee, Florida 32301



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 limited liability company as it appears on the records of the I		partment
of State is: Baru Capital Partne.	15,0	<u>LL</u> .C
2. This limited liability company was organized under the laws of:	TALL	THE DEC
Flore ITA.	HASSE:	EC-9 PX
3. The Florida document/registration number of this limited liability company is		3+:±
4. I, Key BISCAYNE Capital Partners, LCC (Print Name of Person Resigning)	MG (Print Title)	RM
of this limited liability company and affirm the limited liability company has be resignation in writing.	een notifie	d of my
Signature of Resigning Member, Managing Member or Manager Manablub Hemben		
Filing Fee: \$25.00 (Required)		

Certified Copy: \$30.00 (Optional)