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EXAMINER

## **COVER LETTER**

**Division of Corporations** TOPO'S RESORT LLC (Name of Limited Liability Company) The enclosed member, managing member or manager resignation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: HERNAN KOCH (Contact Person) TOPO'S RESORT LLC (Firm/Company) 11402 NW 41ST STREET SUITE 211 (Address) DORAL, FLORIDA 33178 (City/State and Zip Code) For further information concerning this matter, please call: HERNAN KOCH (Name of Contact Person) (Area Code & Daytime Telephone Number) 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: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301

TO:

Registration Section



## 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 approf State is: TOPO'S RESORT LLC	
2. This limited liability company was organized under FLORIDA	
3. The Florida document/registration number of this L13000082360	imited liability company is:
4. I, HERNAN J KOCH (Print Name of Person Resigning)	hereby resign as a MGRM (Print Title)
of this limited liability company and affirm the limit resignation in writing.	ted liability company has been notified of my
Signature of Resigning Member, Managing Member	er or Manager
Filing Fee: \$25.00 (Required) Certified Conv. \$30.00 (Ontional)	