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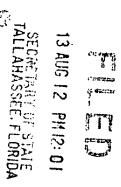
(Requestor's Name)
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: The Florida MPA LLC (Name of Limited Liability Con	apany)	<u></u>	
The enclosed member, managing member or manager resig filing.	nation and fee(s) are sub	mitted for	
Please return all correspondence concerning this matter to:			
Italia Morfu Lamalle			
(Contact Person)	-		
The Florida MPA LLC			
(Firm/Company)	-		
455 Canal Point N # 108	_		
· (Address)	-		
Delray Beach FL 33444	G _(13 SE	
(City/State and Zip Code)		3 AUG 12 SECRE PAR LLAHASS	e and re gr reported
For further information concerning this matter, please call:		i n ή	a L
Italia Morfu Lamalle at 561	654-9093	PH 72: 0	in it
(Name of Contact Person) (Area Code	& Daytime Telephone Nu		- Marie State of the Land
Enclosed please find a check made payable to the Florida D \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS	:	
Registration Section Division of Corporations	Registration Section Division of Corporation	ıs	

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Division of Corporations
Clifton Building
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

	limited liability company as Florida MPA LLC	it appears on the records of the Flo	orida Department	
2. This limited liab	lity company was organized	d under the laws of:		
3. The Florida docu L130001080	=	f this limited liability company is:		
4. I, Robert F Ca		, hereby resign as a MGRM	· · · · · · · · · · · · · · · · · · ·	
(Print N	ame of Person Resigning)	(P	rint Title)	
of this limited lial resignation in wri		ne limited liability company has bee	13 AUG I SECRETA JALLAHAS	ining and initial
J	gning Member, Managing N	Member or Manager	2 PH 12: 0	
Filing Fee:	\$25.00 (Required)		A	
Certified Copy:	\$30.00 (Optional)			