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SECRETARY OF STATE
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NOV - 1 2013

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

STRUCT. PINK TAMARIND, 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:

GASTON R. ALVAREZ, ESQ.

(Contact Person)

GASTON R. ALVAREZ, P. A.

(Firm/Company)

2655 S. Le Jeune Road, Suite PH-1C

(Address)

Coral Gables, Fl. 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

Gaston R. Alvarez, Esq. at 305 443-3812

(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:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
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	limited liability company as	it appears on the records	of the Florida Department
of State is: PIN	IK TAMARIND, LLC		
	ility company was organized	under the laws of:	
3. The Florida doce L130001222	ument/registration number of 252	this limited liability con	npany is:
4 TAMAR RO	THENBERG	herehy resign as a	MANAGER MEMBER
(Print Name of Person Resigning)		, notcoy rosign as a	(Print Title)
of this limited lia resignation in wr	bility company and affirm the iting.	e limited liability compa	ny has been notified of my
Signature of Res	gning Member, Managing M	lember or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		