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This day

## **COVER LETTER**

TO: Registration Division of	Section Corporations		
SUBJECT: MIAM	II GARDENS STADIU		
	(Name of Li	mited Liability Con	npany)
The enclosed memb	per, resignation or disso	ciation and fee(s	) are submitted for filing.
Please return all con	respondence concerning	g this matter to:	
Damian Nusynkie	r		
	(Contact Person)		-
CRE MANAGEMI	ENT SOLUTIONS INC		
	(Firm/Company)		-
1990 Ne 163rd St	reet , Ste 209		
	(Address)		-
North Miami Bead	:h, FL 33162		
	(City/State and Zip Code)		•
For further information	tion concerning this mat	ter, please call:	
Damian Nusynkie	r	786	553-7228
(Name of	Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find  ■ \$25 Filing Fee	d a check made payable		epartment of State for: Fee & Certified Copy
STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, Florida	tions ter Circle	·	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box.6327 Tallahassee, Florida 323147

CR2E079 (2/14)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	e limited liability company a	as it appears on the records of	the Florida Department
2. The Florida doc	<del>-</del>	assigned to this limited liabili	ty company is:
4. I. DNU CONSI	JLTING INC	esigned or will withdraw/resig, hereby withdraw/resig	
	riting.	the limited liability company logical liability logical liability company logical liability logical liabilit	
DAMIAN Filing Fee:	ssociating Member or Resi NUSYNKIER \$25.00 (Required) \$30.00 (Optional)	igning Manager	ZOUR AUG 27 PH 12: 1 SECRETARY OF STA- JALLAHAS SEE, FL