G. Adriani 5757 Collins Av #1701 Miami Beach Fi 33140								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								
2/0 Mgr Relign								
(95-5le7								





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02/10/04--01028--011 **25.00

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RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I.	GRAZIA T. ADRIANI			NI INF	, hereby resign as	MANAGER		
~~~					—3 ::81-3 :: : <b>9</b> 1	(Title)		7-1-
of	SILA	шин	ERCIAL	REALTY	LC			
_				(Limited Liabili	ty Company)			
a li	mited liabi	lity compa	any organize	ed under the lav	vs of the State of	FLORIDA		:
and	l affirm tha	t the limit	ed liability	company has be	een notified in writir	ng of the resignation.		
			Q	Iduia	·			į
		(Signat	ture of resig	ning manager, i	managing member o	or member)		*

## FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314