-96000001161

| , (Re | equestor's Name) | | _ |
|-------------------------|-------------------|-------------|---|
| (Ad | idress) | | - |
| . (Ad | ldress) | | • |
| . (Cit | ty/State/Zip/Phon | e #) | - |
| PICK-UP | ☐ WAIT | MAIL MAIL | |
| (Bu | isiness Entity Na | me) | - |
| (Do | ocument Number |) | • |
| Certified Copies | _ Certificate | s of Status | |
| Special Instructions to | Filing Officer: | | |
| | | | |
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| | | • - | |



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Office Use Only

B. KOHR MAR 2 8 2012 **EXAMINER**

COVER LETTER

TO: Registration Section
Division of Corporations



| SUBJECT: European Hotels Represe | ntation I | LLC |
|---|---------------|---|
| (Name of Limited I | Liability Com | npany) |
| The enclosed member, managing member or man filing. | nager resigi | nation and fee(s) are submitted for |
| Please return all correspondence concerning this | matter to: | |
| Francesca Suereth | | |
| (Contact Person) | | • |
| European Hotels Representation LL | .C | |
| (Firm/Company) | | |
| 800 West Avenue Apt 335 | | |
| (Address) | | • |
| Miami Beach FL 33139 | | |
| (City/State and Zip Code) | | • |
| For further information concerning this matter, p | lease call: | |
| Francesca Suereth at (| 305 | 5389697 |
| (Name of Contact Person) | (Area Code | & Daytime Telephone Number) |
| Enclosed please find a check made payable to the \$\fixed{\times}\$ \$25 Filing Fee | | repartment of State for: 55 Filing Fee & Certified Copy |
| STREET/COURIER ADDRESS: | | MAILING ADDRESS: |
| Registration Section | | Registration Section |
| Division of Corporations | | Division of Cornorations |

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

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

| 1. The name of the limited liability company as it a of State is: European Hotels Represen | • |
|---|---|
| 2. This limited liability company was organized und Florida | der the laws of: |
| 3. The Florida document/registration number of this L9600001161 | s limited liability company is: |
| | , hereby resign as a Managing Member |
| (Print Name of Person Resigning) of this limited liability company and affirm the lin resignation in writing. | (Print Title) nited liability company has been notified of my |
| Stunde | |
| Signature of Resigning Member, Managing Mem | ber or Manager |

Filing Fee: Certified Copy: \$25.00 (Required) \$30.00 (Optional)