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| (City/State/Zip/Phone #)                   |  |  |
| PICK-UP WAIT MAIL                          |  |  |
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| (Business Entity Name)                     |  |  |
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SECRETARY OF STATE
DIVISION OF CORPORATIONS





## **COVER LETTER**

| TO: Registration Section Division of Corporations  |   |
|--|---|
| SUBJECT: Crosswinds National, L.L.C. (Name of Limited Liab   | ility Company)  |
| Dear Sir or Madam:   |   |
| The enclosed Resignation of Member, Managing Member  | er or Manager and fee(s) are submitted for filing.  |
| Please return all correspondence concerning this matter t  | o the following:  |
| I. Barry Blaxberg, Esq.  (Name of Person)  |   |
| Blaxberg, Grayson, Kukoff, & Segal, P.A. (Firm/Company)  | 2006 AUG - 1  |
| 25 SE 2nd Avenue, Suite 730 (Address)  |   |
| Miami, Florida 33131 (City/State and Zip Code)   | ····  |
| For further information concerning this matter, please ca  | 11:   |
| I. Barry Blaxberg at (Are  | 05 381-7979 ea Code & Daytime Telephone Number)   |
| 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 |
| Enclosed is a check for the following amount:  |   |
|  | \$55 Filing Fee & Certified Copy  |



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

| I, Bernard Glieberman                             | , hereby resign as MGR                       |
|---|--|
|   | (Title)                                      |
| of CROSSWINDS NATIONAL, L.L.C.                    |  |
| (Limited Liab                                     | oility Company)                              |
| a limited liability company organized under the l | aws of the State of Michigan                 |
| and affirm that the limited liability company has | been notified in writing of the resignation. |
|   |  |
|   |  |
| (Signature of resigning manager                   | r, managing member 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

DIVISION OF CORPORATION

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