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| (Requestor's Name) |
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| (Ch./Ch.A./Zi./Dh.a.a.49 |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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M. THOMAS

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EXAMINER

COVER LETTER

| TO: Registration Section | |
|---------------------------------------------------------|---------------------------------------------|
| Division of Corporations | |
| | |
| SUBJECT: Casa Casuarina, LLC | |
| (Name of Limited Liab | ility Company) |
| | |
| The enclosed member, managing member or managiling. | er resignation and fee(s) are submitted for |
| Please return all correspondence concerning this ma | tter to: |
| | |
| Robert C. Furr, Esq. | EE S |
| (Contact Person) | |
| (contact reasil) | F. S. |
| Furr and Cohen, P.A. | 2010 JAH-4 AH 11: 21 TALLAHASSEE, FLORID |
| (Firm/Company) | |
| | PE 2 |
| 2255 Glades Road #337W | |
| (Address) | |
| | |
| Boca Raton, FL 33431 | |
| (City/State and Zip Code) | |
| | |
| For further information concerning this matter, pleas | se call: |
| | |
| Robert C. Furr at (56 | |
| (Name of Contact Person) (Are | a Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the Fl | orida Denartment of State for: |
| \$25 Filing Fee | \$55 Filing Fee & |
| | Certified Copy |
| | •• |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| Clifton Building | P.O. Box 6327 |
| 2661 Executive Center Circle Tallahassee, Florida 32301 | 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

| | ame of the limited liability company as it and the is: Casa Casuarina, LLC | appears on the records | of the Florida Department | |
|-----------|------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------|------|
| | imited liability company was organized ur Delaware | nder the laws of: | | |
| | lorida document/registration number of th | is limited liability comp | pany is: | |
| of this | Anthony Bova (Print Name of Person Resigning) limited liability company and affirm the liation in writing. | , hereby resign as a _ | y has been notified of my | |
| Signat | are of Resigning Member, Managing Men | nber or Manager | AH II: 21 OF STATE E, FLORIDA | Tean |
| Filing Fe | ` - | | | |