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K. SALY EXAMINER MAR 4 2011

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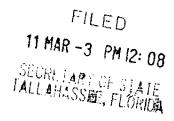
for

TO: Registration Section Division of Corporations
SUBJECT: <u>L7</u> <u>MANAgement LLC</u> (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitte filing.
Please return all correspondence concerning this matter to:
EDWIN INFANTE (Contact Person)
75 WALL STREET 24F (Firm/Company)
New york Dy 10085
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (863) 558-6642 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy
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

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CR2E079 (5/06)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company as it appears on the records of the Florida Department LAC.
2. This limited liabil	ity company was organized under the laws of: 2100
	ment/registration number of this limited liability company is: 004210 MANASINS
	hereby resign as a Membek (Print Title) ility company and affirm the limited liability company has been notified of my
resignation in writ	
Signature of Resig	ning Member, Managing Member or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)

CR2E079 (5/06)