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(Re	equestor's Name)				
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J. SAULSBERRY EXAMINER

OCT 29 2012

COVER LETTER

Division of Corporations			
SUBJECT: 7470 HIGHWAY 530 LLC		· 	
(Name of Limited Liability	Company)		
The enclosed member, managing member or manager r filing.	esignation and fee(s) are	submitted for	
Please return all correspondence concerning this matter	to:		
CARLOS A.—FLORES			
(Contact Person)			
7470 HIGHWAY 530 LLC		4	
(Firm/Company)		ELLANDO I	
7470 IRLO BRONSON MEMORIAL HIGHWAY 192		ASS CT.	7
(Address)		SECTION AND ADDRESS OF THE PERSON ADDR	
KISSIMMEE, FLORIDA, 34747			?
(City/State and Zip Code)		50 10 _A	
For further information concerning this matter, please c	all:		
CARLOS A. FLORES at (4079976623		
(Name of Contact Person) (Area C	Code & Daytime Telephone	Number)	
Enclosed please find a check made payable to the Florida.	da Department of State fox State fox State fox State fox State fox State fox State for	or:	
STREET/COURIER ADDRESS:	MAILING ADDRI		
Registration Section	Registration Section Division of Corpora		
Division of Corporations Clifton Building	P.O. Box 6327	mona .	
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

	limited liability company as	s it appears on the records	of the Florida Department	
	ility company was organized	d under the laws of:	·	
3. The Florida doce M10000003	ument/registration number o	f this limited liability com	pany is:	
4. I, EDMUNDO D	ELGADO ame of Person Resigning)	, hereby resign as a _	CONTROLLER/MEMBER (Print Title)	
of this limited lia resignation in wr	pility company and affirm the		y has been notified of my 2812 9CT 25 TALL AHASSE	-Y
Filing Fee:	gning Member, Managing N \$25.00 (Required) . \$30.00 (Optional)	Member or Manager	25 AM & 50	

CR2E079 (5/06)

10/19/12 (1.65)