

M1000000415

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number 1 (850) 617-6383

From:
Account Name : NRAI SERVICES, LLC
Account Number : I20080000104
Phone : (302) 674-4089
Fax Number : (302) 674-5266

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GALLOWOOD AT KENDALL, LLC**

Certificate of Status	0
Certified Copy	1
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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

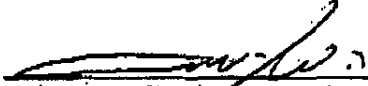
**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Gallowood at Kendall, LLC

2. This limited liability company was organized under the laws of:
Delaware

3. The Florida document/registration number of this limited liability company is:
M10000004415

4. I, Rodle Ben-Simon, hereby resign as a Manager
(Print Name of Person Resigning) *(Print Title)*
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.


Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
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CR28079 (5/06)

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