

L01000000 8989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

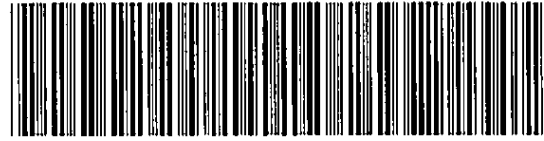
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000331656300

07-10-19 10:17:17 AM • 25.50

FILED  
19 JUL 10 AM 8:17  
STUART, FLORIDA  
FALL CROSSETT, FLORIDA

JUL 23 10  
T SCHROEDER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LA FINESTRA, L.C.  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Guillermo Gonzalez  
Name of Person

Unlimited Title Group Corp.  
Firm/Company

2400 NW 87 PL  
Address

Doral, FL 33172  
City/State and Zip Code

ggonzalez@unlimitedtitle.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Guillermo Gonzalez at ( 305 ) 269-9087  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee       \$30.00 Filing Fee & Certificate of Status       \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)       \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: LA FINESTRA, L.C.

2. The Florida document/registration number assigned to this limited liability company is:  
L01000008989

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6/17/19

4. I, PATRICK CLERICI REVOCABLE TRUST, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Authorized Member

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
Signature of Dissociating Member or Resigning Manager

FILED  
19 JUL 10 AM 8:17  
SHARON L. STAFF  
TALLAHASSEE, FLORIDA