

(Requestor's Name)				
(Addross)				
(Address)				
(Address)				
( iddiess)				
(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



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## **COVER LETTER**

TO:	•	stration Section sion of Corporations		
	DIVE	sion of Corporations		
SUBJ	IECT:	PENINSULA LOTS LLC		
0000		(Name of Limi	ited Liability Co	ompany)
The e	nclosed	d member, resignation or dissocia	ation and feet	(s) are submitted for filing.
Please	e returr	all correspondence concerning	this matter to	:
HUG	O LOF	PEZ		
		(Contact Person)		_
PEN	INSUL	A LOTS LLC		
<del></del>	<del></del>	(Firm/Company)	<del></del>	
1872	1 SW	24TH ST		
		(Address)		
MIRA	MAR	FL 33029		23
		(City/State and Zip Code)		
For fu	irther ii	nformation concerning this matte	er, please call	ς :
HUG	O LOF	PEZ	786 at (	717 3532
	(N	lame of Contact Person)		e & Daytime Telephone Number)
	sed ple 5 Filing	ease find a check made payable to g Fee		Department of State for: g Fee & Certified Copy
		OURIER ADDRESS: Section		MAILING ADDRESS: Registration Section
_		Corporations		Division of Corporations
Clifto	n Build	ding		P.O. Box 6327
		ive Center Circle Florida 32301		Tallahassee, Florida 32314

CR2E079 (2/14)



## 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)

	limited liability company as it appea	rs on the records of the F	lorida Departn	nent
of State is:	IINSULA LOTS LLC		<del></del>	·
2. The Florida doc	ument/registration number assigned t	o this limited liability cor	npany <sub>i</sub> is:	
L0500004186	1		. <b></b> 	<u> </u>
3. The date this me	mber/manager withdrew/resigned or	will withdraw/resign is:	. <u>:</u> 11/07 <u>/</u> 2018 <u>:</u>	· 
4. 1, hereby withdraw/resign as a				.;
	iame of Person Resigning)		a 💍	
MGRM			_	
	(Print Title)			
of this limited lia resignation in wr	bility company and affirm the limited iting.	I liability company has be	en notified of	my
Signature of D	ssociating Member or Resigning Ma	nager		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			