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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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#### **COVER LETTER**

SUBJECT:   S UNIT Please that   Luc   (Name of Limited Liability Company)  The enclosed member, resignation or dissociation and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to:    August Please   Luc   (Contact Person)	TO: Registration Section Division of Corporations
Please return all correspondence concerning this matter to:  ACREAD ROOME (Contact Person)  18 UNIT PROTECT, U.C. (Firm/Company)  5700 5W 114 fcell (Address)  WIAMI 12 33156 (City/Stateland Zip Code)  For further information concerning this matter, please call:  ALCHAR BOUE at (305) 903 - 3005 (Name of Contact Person)  Enclosed please find a check made payable to the Florida Department of State for:	Sebuter.
ALBRACE ROOME  (Contact Person)  18 UNIT PROTECT, U.C.  (Firm/Company)  5700 5W 114 fcell  (Address)  MIRMI 12 33154  (City/Stateland Zip Code)  For further information concerning this matter, please call:  ALBRACE ROOME  (Name of Contact Person)  (Area Code & Daytime Telephone Number)  Enclosed please find a check made payable to the Florida Department of State for:	The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
18 unit Protect, U.C.   (Firm/Company)   5700 SW 114 tolk     (Address)   WIFM 12 33156     (City/Stateland Zip Code)     For further information concerning this matter, please call:   Address   Address   Address     (Name of Contact Person)   (Area Code & Daytime Telephone Number)   Enclosed please find a check made payable to the Florida Department of State for:	Please return all correspondence concerning this matter to:
SAON SW 114 tolen	ALBERTO ROOME (Contact Person)
For further information concerning this matter, please call:    Address	18 UNIT PROTECT, UC.
For further information concerning this matter, please call:    About Daue   at (305) 903 - 3005     (Name of Contact Person) (Area Code & Daytime Telephone Number)    Enclosed please find a check made payable to the Florida Department of State for:	5700 SW 114 tola (Address)
(Name of Contact Person)  at (305) 903 - 3005  (Area Code & Daytime Telephone Number)  Enclosed please find a check made payable to the Florida Department of State for:	MIAMI (2 331576) (City/Stateland Zip Code)
(Name of Contact Person) (Area Code & Daytime Telephone Number)  Enclosed please find a check made payable to the Florida Department of State for:	For further information concerning this matter, please call:
	(Name of Contact Person) at (305) 903-3005 (Area Code & Daytime Telephone Number)

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

LESLIE LOPEZ

MY COMMISSION # EE192132

EXPIRES April 24, 2016

FloidaNotarySarvica.com



### 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 Departs	nent	
of State is: 18 UNIE PROJECT, LLC	·	
2. The Florida document/registration number assigned to this limited liability company is:		
L050000 21507		
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/16/	14	
4. I, OSCAR WONKED , hereby withdraw/resign as a (Print Name of Person Resigning)		
MANAGING MEMBER (Print Title)		
of this limited liability company and affirm the limited liability company has been notified or resignation in writing.	my 14 SEP 22	<del>``</del>
Signature of Dissociating Member of Resigning Manager	-P -J\$	AND PROVE
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	3: 52	C.
LESLIE LOPE  MY COMMISSION # EET  EXPIRES April 24, 20	92132	

CR2E079 (2/14)