

(Red	questor's Name)	
(Add	dress)	
(Add	lress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



600163360466

12/16/09--01016--003 **25.00

O9 DEC 16 PH 3: 09
SECRETARY OF STATE
NALLAHASSEE, FLORIDA

D. BRUCE

DEC 17 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: LATINVEN, LLC. (Name of Limited Liability Con	npany)	
The enclosed member, managing member or manager resig filing.	nation and fee(s) are submitted for	
Please return all correspondence concerning this matter to:		
Nilda Mendoza-Lazarus		
(Contact Person) Latinven, LLC.	TALLA	3
(Firm/Company)	- HAS	7 5
14531 Cedar Court	6 PM SEE. I	, i
(Address) Miami Lakes, Florida 33014	PM 3: 09 OF STATE E. FLORIDA	
(City/State and Zip Code)	-	
For further information concerning this matter, please call:		
Nilda Mendoza-Lazarus at (786	2239405	
(Name of Contact Person) (Area Code	& Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida D \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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

1. The name of the l of State is: LAT	imited liability company as it ap	opears on the records of th	e Florida Department	
2. This limited liabil State of Flor	ity company was organized und rida	ler the laws of:	SECRETARY TALLAHASSE	09 DFC 16
3. The Florida document L09000027	ment/registration number of this 022	limited liability company	OF STATE E. FLORIDA	?
4. I, Floriner Lea	al	, hereby resign as a Ma	naging Member	
(Print Na	me of Person Resigning)		(Print Title)	
of this limited liab resignation in write	ility company and affirm the linging.	nited liability company ha	s been notified of my	
Signature of Resig	ning Member, Managing Memb	per or Manager		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			