L12000048181

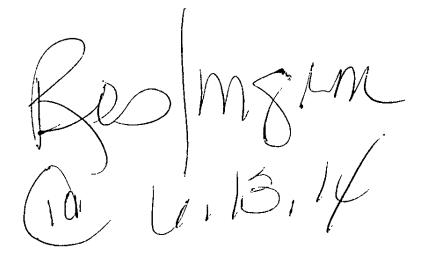
(Requestor's Name)			
(Address)			
(Ad	ldress)		
(City/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			
<u> </u>			

Office Use Only



900260045329

06/03/14--01033--011 **50.00



COVER LETTER

Registration Section

TO:

CR2E079 (2/14)

Division of Corporations Hanah Bahia LLC **SUBJECT:** (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: Linette Guerra (Contact Person) Registered Agent (Firm/Company) 2275 Biscayne Blvd., Suite 1 (Address) Miami, Florida 33137 (City/State and Zip Code) For further information concerning this matter, please call: Linette Guerra (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301





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)

	e limited liability company as it appears on the records of the Flonah Bahia LLC	rida Department
	cument/registration number assigned to this limited liability comp	pany is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:	lay 21, 2012
4. I, Edgardo D.	Cenzon, hereby withdraw/resign as a Name of Person Resigning)	
Managing M	ember	
resignation in w		n notified of my
Signature of	Hissociating Member or Resigning Manager	
	\$25.00 (Required) \$30.00 (Optional)	
Copy.	450.00 (Optional)	