

L12000116397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

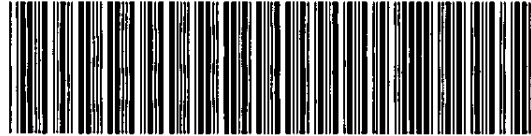
PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



200267056892

12/04/14--01016--009 **25.00

FILED
14 DEC 04 AM 11:09
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Office Use Only

DEC 17 2013
C. CARROTHERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BAIRES PROPERTY LLC

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:

Lisa Lanza, Esq.

Name of Person

MELISSA P. LANZA, P.A.

Firm/Company

104 Crandon Blvd., Suite 420

Address

Key Biscayne, FL 33149

City/State and Zip Code

llanzalaw@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Lanza, Esq.

at (305) 361-0997

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
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Florida

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

L12000116397

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/28/14

4. I, Maria Adela Sanchez Acosta, hereby withdraw/resign as a
(Print Name of Person Resigning)

Manager
(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

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 DEC 04 AM 11:09

FILED