30000432 Reguestor's Name)

(Ad	ddress)		-
(Ac	ddress)		-
(C	ity/State/Zip/Phon	e #)	-
☐ PICK-UP	□ wait	☐ MAIL	ļ.

(Business Entity Name)

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J. SAULSBERRY EXAMINE!

SEP 19 2013

COVER LETTER

Division of Corporations 6040 La Gorce Dr LLC (Name of Limited Liability Company) The enclosed member, managing member or manager resignation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Mike Perez (Contact Person) 6040 La Gorce Drive LLC (Firm/Company) 555 NE 15th St #200 (Address) Miami, FL 33132 (City/State and Zip Code) For further information concerning this matter, please call: Mike Perez (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section

TO:

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

CR2E079 (5/06)

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	imited liability company as it O La Gorce Drive LLC	appears on the records of	the Florida Department
2. This limited liabil Florida	ity company was organized u	nder the laws of:	
3. The Florida docur L130000243	ment/registration number of t	his limited liability compa	ny is:
4. I, Pascal Nico (Print Na.	lai me of Person Resigning)	, hereby resign as a Ma	anager (Print Title)
of this limited liab resignation in writ	ility company and affirm the	limited liability company I	٠,
Signature of Resig	ning Member, Managing Me	mber of Manager	2013 SEF 18
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		## 9: 53