

L15000156286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 1452 TRILLO AVE, LLC  
(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:

VIVIAN CHOU, ESQ.  
(Contact Person)

LAW OFFICES OF VIVIAN CHOU, PA  
(Firm/Company)

P.O. BOX 562230  
(Address)

MIAMI, FL 33256  
(City/State and Zip Code)

For further information concerning this matter, please call:

VIVIAN CHOU at 305 238-3341  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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  
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



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: 1452 TRILLO AVE, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L15000156286

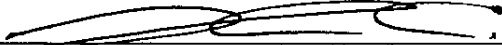
3. The date this member/manager withdrew/resigned or will withdraw/resign is: July 20, 2016

4. I, Julian A. Claramonte, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Authorized Member

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified my resignation in writing.

  
Signature of Dissociating Member or Resigning Manager

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

Aug 3, 2016  
July 20, 2016  
16 AUG 16 PM 4: 06  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ASSIGNMENT OF LIMITED LIABILITY COMPANY  
MEMBERSHIP INTERESTS**

I, the undersigned member of 1452 TRILLO AVE, LLC, a Florida limited liability company (the "Company") (a) hereby assign and transfer to Albert M. Claramonte, all of my interest *[consisting of 2%]* in the Company, to share in Company profits and losses, to receive distributions from the Company, and to receive allocations of Company income, gain, loss, deduction, or credit or other similar items to which the undersigned assignor was entitled, and further, (b) to the extent permissible under the Company operating agreement, assign such further rights that I may have as a member thereof.

DATED: As of Aug 3, 2014.

By:

  
Julian A. Claramonte