## 123000372333

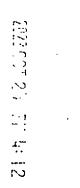
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Office Use Only



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## **COVER LETTER**

Division of C	orporations			
OID THE	DEVELOPER LLC			
(Name of Limited Liability Company)				
The enclosed membe	r. resignation or dis	ssociation and fee(s	s) are submitted for filing.	
Please return all corre	espondence concert	ning this matter to:		
OFELIA SAMLUT				
	(Contact Person)		_	
SWIRE PROPERTIES				
	(Firm/Company)		_	
98 SE 7TH STREET #50	)()			
	(Address)		_	
MIAMI, FL 33131				
- (C	Tity/State and Zip Code)		_	
For further information	on concerning this	matter, please call:		
OFELIA SAMLUT		305 at (	371-3877	
(Name of C	ontact Person)		e & Daytime Telephone Number)	
Enclosed please find	a check made paya	able to the Florida I	Department of State for:	
■ \$25 Filing Fee		☐ \$55 Filin	g Fee & Certified Copy	
Mailing Addres	is:		Street Address:	
Registration S	Section		Registration Section	
Division of C			Division of Corporations	
P.O. Box 632			The Centre of Tallahassee	
Tallahassee, l	rL 32314		2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303	

CR2E079 (2/14)

TO: Registration Section



## 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)

	limited liability company as	it appears on the records of the Florida Department
2. The Florida docu L23000372333	ument/registration number a	signed to this limited liability company is:
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is:
4. I, MAILE AGUIL	•	, hereby withdraw/resign as a
VP	rame of Person Resigning)	
<del> </del>	(Print Title)	
resignation in wr	enting.	e limited liability company has been notified of my
Signature of D	issociating Member or Resig	ming Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	• • • • • • • • • • • • • • • • • • •
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		: <del>_</del>