

L67000064359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

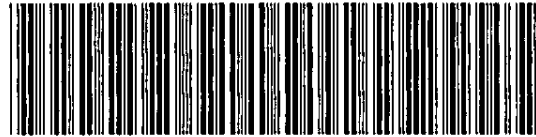
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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T. HAMPTON

NOV 18 2008

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 413 & 414, 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:

JULIAN ORDONEZ

(Contact Person)

413 & 414, LLC

(Firm/Company)

17810 WEST DIXIE HWY

(Address)

AVENTURA, FL 33160

(City/State and Zip Code)

For further information concerning this matter, please call:

JULIAN ORDONEZ

(Name of Contact Person)

at ( 786 ) 282 - 9472

(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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: 413 & 414, LLC

2. This limited liability company was organized under the laws of:  
THE STATE OF FLORIDA

3. The Florida document/registration number of this limited liability company is:  
L07000064359

4. I, EDGAR NARANJO, hereby resign as a MGRM  
(Print Name of Person Resigning) (Print Title)

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

FL DR  
Signature of Resigning Member, Managing Member or Manager

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

SWORN TO AND SUBSCRIBED BEFORE ME  
THIS 17 DAY OF Nov, 2008  
Ellen Semel  
NOTARY PUBLIC STATE OF FLORIDA  
COUNTY OF MIAMI DADE

CR2E079 (5/06)

