

L09000039724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

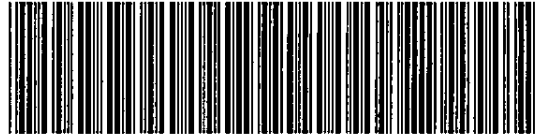
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900162485529

11/30/09--01039--004 **55.00

FILED

09 NOV 30 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

DEC -1 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CIENAGA INVESTMENT 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:

BENJAMIN DE HOYOS
(Contact Person)

CIENAGA INVESTMENT LLC
(Firm/Company)

15731 NW 7TH ST
(Address)

PEMBROKE PINES FL 33028
(City/State and Zip Code)

For further information concerning this matter, please call:

BEJAMIN DE HOYOS at (305) 322-3276
(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

FILED
09 NOV 30 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: CIENAGA INVESTMENT LLC

2. This limited liability company was organized under the laws of:
ACT F.S. Chapter 608

3. The Florida document/registration number of this limited liability company is:
L09000039724

4. I, Benjamin De Hoyos, hereby resign as a Member
(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.

Signature of Resigning Member, Managing Member or Manager

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