

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : HUNTON & WILLIAMS
Account Number : 120000000236
Phone : (305) 810-2542
Fax Number : (305) 810-2460

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: charlieseminario@hotmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
6107 LAGUNA DR LLC

Certificate of Status	0
Certified Copy	1
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 6107 LAGUNA DR 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:

Charles E. Seminario

(Contact Person)

6107 LAGUNA DR LLC

(Firm/Company)

2735 BRICKELL CT

(Address)

MIAMI, FL 33129

(City/State and Zip Code)

For further information concerning this matter, please call:

Charles E. Seminario

(Name of Contact Person)

at (305) 479-3427

(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

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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: 6107 LAGUNA DR LLC

2. The Florida document/registration number assigned to this limited liability company is:
L13000124833

3. The date this member/manager withdrew/resigned or will withdraw/resign is: May 5, 2014

4. I, Diana Copelia Dorantes, hereby withdraw/resign as a
(Print Name of Person Resigning)

Member and Manager

(Print Title)

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

A handwritten signature in black ink, appearing to read "Diana Copelia Dorantes", is written over a horizontal line.

Signature of Dissociating Member or Resigning Manager

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

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