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(Ad	ldress)		
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(Cir	ty/State/Zip/Phon	e #)	
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LLC Member Resign

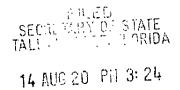
AUG 28 2014 T. CARTER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Swimming Home LLC	
(Name of Lim	nited Liability Company)
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Patricia A. Gonzalez	
(Contact Person)	
Swimming Home LLC	
(Firm/Company)	
1292 SW 11th st	
(Address)	
MIAMI, FL 33135	·
(City/State and Zip Code)	
For further information concerning this matt	er, please call:
Patricia Gonzalez	786 4860196
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable t □ \$25 Filing Fee	to the Florida Department of State for: \$\begin{align*} \begin{align*} al
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (2/14)





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 D	epartment
of State is: SWI	IMMING HOME, LLC	·
2. The Florida docu	ument/registration number assigned to this limited liability company is):
L1400010367		
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:	014
Datriaia Can		
(Print A	Name of Person Resigning)	
Manager		
	(Print Title)	
resignation in wr	Males	ied of my
Signature of Di	issociating Member or Resigning Manager	
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	