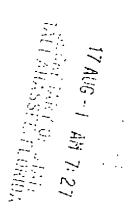
## 1300052922

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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Office Use Only					



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## **COVER LETTER**

	vision of Corporations					
	,					
SUBJEC1	T: 1871 HIALEAH HOLDINGS	S, LLC				
SCHOLC		(Name of Limited Liability Company)				
The enclo	sed member, resignation or dissoci	ation and fee(s	are submitted for filing.			
Please ret	urn all correspondence concerning	this matter to:				
JUAN JO	OSE ROMANO		1			
	(Contact Person)		-			
	(Firm/Company)		-			
1600 S.	LEJEUNE ROAD #10					
	(Address)	<u>.                                    </u>	-			
CORAL	GABLES, FL 33134					
-	(City/State and Zip Code)					
For furthe	er information concerning this matt	er, please call:	1			
JUAN JO	OSE ROMANO	305 at (	780-2170			
	(Name of Contact Person)	_ \	& Daytime Telephone Number)			
Enclosed  \$25 Fi	please find a check made payable ling Fee		Pepartment of State for: Fee & Certified Copy			
Registrati Division of Clifton B 2661 Exe	C/COURIER ADDRESS: ion Section of Corporations uilding ecutive Center Circle see, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			

CR2E079 (2/14)



## 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 a	s it appears or	the records of the Florida Department
of State is:	71 HIALEAH HOLDINGS	LLC	
2. The Florida docu L130000529	_	ssigned to thi	s limited liability company is:
3. The date this me	mber/manager withdrew/re	signed or will	withdraw/resign is: 07/07/2017
4. I. ARLEEN BE	TANCOURT	, hereby	withdraw/resign as a 50
	lame of Person Resigning)	, ,	3
AUTHORIZE	D MEMBER		
	(Print Title)		1
of this limited lia resignation in wr	* *	he limited lial	oility company has been notified of my
Meleux	behauson H		
Signature of D	issociating Member or Resi	gning Manage	er ·
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Nequired) /		