

116 0000 83636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

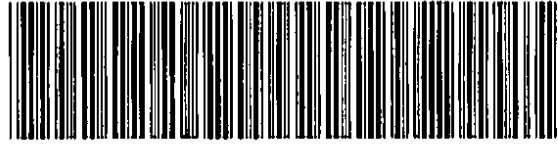
(Business Entity Name)

(Document Number)

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Dissociation of member

JAN 11 2020

D CUSHING

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 133 LAS PALMAS, 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:

Andres Montejo  
(Contact Person)

Law Offices of the General Counsel PA  
(Firm/Company)

6157 NW 167 ST STE F 21  
(Address)

Hialeah FL 33015  
(City/State and Zip Code)

For further information concerning this matter, please call:

Andres Montejo at ( 305 ) 817 3677  
(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

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**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

**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: 133 LAS PALMAS, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L16000083636

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/13/19

4. I, IRVIN PENA, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Manager  
*(Print Title)*

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

X   
Signature of Dissociating Member or Resigning Manager

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CLERK OF STATE  
DIVISION OF CORPORATIONS  
19 DEC -16 AM 8:25

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