## 10200000888

(Re	equestor's Name)			
(Ac	ldress)	· · · · · · · · · · · · · · · · · · ·		
(Ac	Idress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL.		
(Bu	isiness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				





600239872296

09/28/12--01008--021 \*\*25.00

TALLAHASSEE, FLORIDA

12 SEF 28 FH 3: 28

B. BOSTICK

OCT - 1 2012

**EXAMINER** 

## **COVER LETTER**

CR2E079 (5/06)

TO: Registration Section Division of Corporations	
SUBJECT: Interhome Key Biscayne, (Name of Limited	LLC Liability Company)
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
Cesar Gomez	
(Contact Person)	TALLAHASSEE, FLORIDA
Sala & Gomez, P.A.	AHA:
(Firm/Company)	OF THE
260 Crandon Blvd. Unit 14	FLORIT.
(Address)	
Key Biscayne, Florida 33149	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Cesar Gomez at	305 361-0105
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	he Florida Department of State for:  \$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

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as it	-	ords of the Flor		rtment	
2. This limited liab	ility company was organized u	nder the laws of:				
3. The Florida doc <u>L0200001</u>	ument/registration number of tl 0888	his limited liability c 	company is:			
(Print N of this limited lia	t lame of Person Resigning) bility company and affirm the l		(Prin	it Title)	—– of my	
resignation in wi	iting.  X  / igning Member, Managing Me	mber or Manager		T <sub>A</sub>		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	_		TALLAHASSEE	12 SEP 28	
сышей сору:	ъзоло (Opnonar)	04/1	16/2012	FLUKIDA	PH 3:28	Grand