## t03000003620

•					
· (Re	equestor's Name)				
(Ad	ldress)				
(Ad	ldress)				
<b>.</b>	,				
(0)		- 48			
(Ci	ty/State/Zip/Phone	∋ #)			
PICK-UP	☐ WAIT	MAIL			
· · · (D)	ısiness Entity Nar				
:un =2.61 (DL	isiness chuty ivai	nej			
(Do	ocument Number)				
Certified Copies	Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:				

Office Use Only



100161446351

10/09/09--01013--004 \*\*25.00

1885 1986 E. V

T. CLINE

OCT 12 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: FLAMINGO HOMES, LLC	Liability Company)
(**************************************	
The enclosed member, managing member or marfiling.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
HUGO E DORTA	
(Contact Person)	
FLAMINGO HOMES, LLC	
(Firm/Company)	SECULAR SECULA
200 DELOKELL KEY DELVE CHITE	The state of the s
808 BRICKELL KEY DRIVE, SUITE	2804
(Address)	
MIAMI, FL 33131	271 E
(City/State and Zip Code)	
(Chyrotaic and Zip Code)	
For further information concerning this matter, p	lease call:
	205
HUGO E DORTA at a	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to th	e Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
<b>▼</b> ] \$25 1 milg 1 €6	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Tallanassee, Florida 32301	

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	mited liability company as it MINGO HOMES, LLC		of the Flo	orida Dep	artment
2. This limited liability company was organized und FLORIDA		ler the laws of:		SESSE SESSE	9888 NT -9
3. The Florida docum	nent/registration number of th	is limited liability com	pany is:	157	
•	OSTA  ne of Person Resigning) ity company and affirm the l	, hereby resign as a _	(P	R MEMBE	É0
resignation in writing					· • · · · · · ·
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				