## L03000009414

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(Address)					
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(City/State/Zip/Phone #)					
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(Business Entity Name)					
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## **COVER LETTER**

TO:

CR2E079 (2/14)

TO:	_	stration Section ion of Corporations				
SUBJI	APRENDIENDO REAL ESTATE LLC					
		(Name of Limited Liability Company)				
The en	nclosed	l member, resignation or dissocia	tion and fee(s	) are submitted for filing.		
Please	return	all correspondence concerning the	his matter to:			
ALBE	RTO	D VRILLAUD		_		
		(Contact Person)				
APRE	NDIE	NDO REAL ESTATE LLC				
		(Firm/Company)		_		
6700	WINK	LER RD # 7				
		(Address)		_		
FORT	MYE	RS, FL, 33919				
		(City/State and Zip Code)		-		
For fu	rther in	nformation concerning this matte	r, please call:			
ALBE	RTO	D VRILLAUD	239	6994164		
	(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)		
	sed ple Filing	ase find a check made payable to Fee		Pepartment of State for: Fee & Certified Copy		
Regist Division Cliftor 2661 E	ration on of C n Build Execut	OURIER ADDRESS: Section Corporations ling ive Center Circle 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)

	, , ,	it appears on the records of the Florida Department
of State is:	RENDIENDO REAL ESTAT	TE LLC
2. The Florida doc	ument/registration number as	ssigned to this limited liability company is:
L0300000941	4	
3. The date this me	ember/manager withdrew/resi	igned or will withdraw/resign is:
4. I, PATRICIA M	I MOULIN	, hereby withdraw/resign as a
(Print N	Vame of Person Resigning)	, hereby withdraw/resign as a
AUTHORIZE	D MEMBER	
<del> </del>	(Print Title)	۲۰۰۰،
resignation in wr	ole A	e limited liability company has been notified of my
Signature of D	issociating Member or Resign	ning Manager
Filing Fee:	\$25.00 (Required)	n e e e e e e e e e e e e e e e e e e e
Certified Copy:		