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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

for

Tallahassee, Florida 32314

TO: Registration Section Division of Corporations
SUBJECT: LAS OLAS HOUSE B TINESTMENTS LL (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted filing.
Please return all correspondence concerning this matter to:
PETER Schlossar (Contact Person)
LAS DIAS HOUSE B INVESTMENTS LLC
1901 E ATLANTIC BLVD (Address)
POMPANO BEACH FI 33060 (City/State and Zip Code)
For further information concerning this matter, please call:
TAWA PLICE at (954) 545-9916 (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 \$Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: LAS O/AS HOUSE & TNVESTMENTS UC.
2. This limited liability company was organized under the laws of:
F-/or, DA.
3. The Florida document/registration number of this limited liability company is:
<u>L030000 1/421</u>
7-7- 5-11 AAC 147
4. I, PETER SCHOSTE , hereby resign as a MGMIL (Print Name of Person Resigning) (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.
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I'en font
Signature of Resigning Member, Managing Member or Manager
97

\$25.00 (Required) \$30.00 (Optional) JIVISION OF COMPONATION

Filing Fee: Certified Copy: