L04000014647

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SECRETARY OF STATE
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J. BRYAN
NOV 1 5 2011
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: GOLCONDA L.L.C.	·
(Name of Limited I	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:
Erik Diamond	A SECOND
(Contact Person)	NOV IF AN IT STATE
(Firm/Company)	——————————————————————————————————————
386 Miracle Mile	
(Address)	t.
Coral Gables, FL 33134	
(City/State and Zip Code)	
For further information concerning this matter, p	lease call:
Erik Diamond at (305 443-7373
(Name of Contact Person)	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & 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

CR2E079 (5/06)



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 comp of State is: GOLCONDA L.L.C.	any as it appears on the records of the Florida Department
	2. This limited liability company was org The State of Florida	anized under the laws of:
	3. The Florida document/registration num L04000014647	aber of this limited liability company is:
	4. 1, Carlos Tepedino (Print Name of Person Resigning)	, hereby resign as a Member (Print Title)
7		firm the limited liability company has been notified of my
	Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	

CR2E079 (5/06)

TILED

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SECRETARY OF STATE