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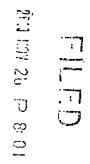
·		
· (Requestor's Name)		
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- COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: PENINSULA FLORIDA HOL	DING LLC
(Name of Limi	ited Liability Company)
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning to	this matter to:
HUGO LOPEZ	
(Contact Person)	
PENINSULA FLORIDA HOLDINGS LLC	
(Firm/Company)	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
18721 SW 24TH ST	Act 1.0.
(Address)	26
MIRAMAR FL 33029	T
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
HUGO LOPEZ	786 717 3532
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to □ \$25 Filing Fee	the Florida Department of State for: \$\Bigsirem\$ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (2/14)



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)

1. The name of the	limited liability company as	s it appears on the records of the Florida Department
of State is: PEN	IINSULA FLORIDA HOLD	DINGS LLC
2. The Florida doc L040006341		ssigned to this limited liability companyis:
		signed or will withdraw/resign is:
		, hereby withdraw/resign as a
(Print N	'ame of Person Resigning)	
MGRM		
	(Print Title)	
of this limited lia resignation in wr	· · · · · · · · · · · · · · · · · · ·	ne limited liability company has been notified of my
Signature of Di	ssociating Member or Resig	ning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	