10400075826

| (Requestor's Name) |
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| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| , , , , , |
| PICK-UP WAIT MAIL |
| |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
| Operational to Fining Officer. |
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Office Use Only



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K. SALY JAN 25 2018

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|------------|
| SUBJECT: La Caleta LLC (Name of Limited Liability Company) | |
| The enclosed member, resignation or dissociation and fee(s) are submitted for filing | 3 . |
| Please return all correspondence concerning this matter to: | |
| Robert M. Hall (Contact Person) | |
| La Caleta LLC (Firm/Company) | |
| 42 Spanish St. (Address) | |
| St. Augustine FL 32084 (City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| Renda L. Hall at (904) 343-093 (Name of Contact Person) (Area Code & Daytime Telephone Nu | mber) |
| Enclosed please find a check made payable to the Florida Department of State for: 25 Filing Fee | , |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS Registration Section Division of Corporation Division of Corporation P.O. Box 6327 | |

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301





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 it appears on the records of the Florida Departmen |
|--|---|
| of State is: | La Caleta LLC |
| 2. The Florida doci | ment/registration number assigned to this limited liability company is: |
| L04 | 000075826 |
| 3. The date this me | mber/manager withdrew/resigned or will withdraw/resign is: $\frac{1/12/18}{}$ |
| 4. I, Rer (Print N | ame of Person Resigning), hereby withdraw/resign as a |
| | MGRA (Print Title) |
| of this limited lia resignation in wr | bility company and affirm the limited liability company has been notified of my ting. |
| | Penda Z. Hall |
| Signature of Di | ssociating Member or Resigning Manager |
| | \$25.00 (Required) |
| Certified Copy: | \$30.00 (Optional) |