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(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Section Division of Corporations The Promenade at High Pines, LLC **SUBJECT:** (Name of Limited Liability Company) The enclosed member, managing member or manager resignation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Liliam Fernandez (Contact Person) Liliam Fernandez P.A. (Firm/Company) 1621 NW 13th Court (Address) Miami, FL 33125 (City/State and Zip Code) For further information concerning this matter, please call: Liliam Fernandez (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Clifton Building

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

	limited liability company as it Promenade at High Pin		of the Florida Depar	tment
2. This limited liab	lity company was organized u	nder the laws of:	2M2 DEC 10 SECAL TART MALLAHASSI	
3. The Florida doct L050000522	ument/registration number of t	his limited liability compa	1.3	
_{4. I.} Guillermo A	lonso	, hereby resign as a N	Managing Mem	ber
	ame of Person Resigning)		(Print Title)	
resignation in wr	// /	12/1/12	has been notified of	of my
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)			