## LOCODONIS3

(Requestor's Name)
(Address)
• ,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(D. )
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
L. SELLERS
JUN 17 2011
EXAMINER
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EGRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Servaro Real (Name of Limited Liability	State Investme
The enclosed member, managing member or manager r filing.	esignation and fee(s) are submitted for
Please return all correspondence concerning this matter	to:
Liliana Servano	
(Contact Person)	
Senano Real Estata	z Investment.
(Firm/Company)	
1835 Raven 6len.	DR.
City/State and Zip Code)	<u>,                                    </u>
For further information concerning this matter, please c	all:
(Name of Contact Person) at (Area C	ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Floric \$25 Filing Fee	da Department of State for: \$55 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
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

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 of State is:	limited liability co	ompany as it a	estate	rds of the Florida Department  Thest ment
2. This limited liab	ility company was		der the laws of: 	
3. The Florida docu	-	number of thi	s limited liability o 	company is:
4. I, <u>Diano</u> (Print N	Serrano Jame of Person Resign	ing)	_, hereby resign as	; a HGRM (Prim Title)
of this timited lial resignation in wri		l affirm the lir	nited liability com	pany has been notified of my
Signature of Resi	ghing Member, M	anaging Mem	ber or Manager	
Filing Fee: Certified Copy:	\$25.00 (Requir \$30.00 (Option	•		ASS 1

CR2E079 (5/06)

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