

LO 6000013444

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TALLAHASSEE, FLORIDA

D. SCOTT

SEP 22 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ESTATES BY THE FALLS, LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

LAURA E. KELLY

(Contact Person)

LAURA E. KELLY, P.A.

(Firm/Company)

1430 SOUTH DIXIE HIGHWAY #309

(Address)

CORAL GABLES, FL. 33146

(City/State and Zip Code)

For further information concerning this matter, please call:

LAURA E. KELLY

(Name of Contact Person)

at 786 594-0763

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA



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 Department of State is: ESTATES BY THE FALLS, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L06000013444

3. The date this member/manager withdrew/resigned or will withdraw/resign is: JUNE 15, 2016

4. I, GONZALO MUNOZ, hereby withdraw/resign as a
(Print Name of Person Resigning)

MEMBER/MANAGER

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

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TALLAHASSEE, FLORIDA

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)