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(Requestor's Name)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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TO: Registration Section
Division of Corporations

2006 MAR 17 P 4: 30

SUBJECT: 10161-202 W Sunrise Blvd, L.L.C.
(Name of Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

c/o Fernando Orrego

(Name of Person)

(Firm Company)

2750 NE 183rd St. Suite 709

(Address)

Aventura, Fl 33160

(City State and Zip Code)

For further information concerning this matter, please call:

Fernando Orrego

(Name of Person)

at (305) 705-0345
(Area Code & Daytime Telephone Number)

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Rosa E Ramirez, hereby resign as MGRM
(Title)

of 10161-202 W Sunrise Blvd, Suite 202, Plantation FL 33322
(Limited Liability Company)

a limited liability company organized under the laws of the State of Florida

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

Rosa E. Ramirez
(Signature of resigning manager, managing member or member)

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314