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S Warren APR 14 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: VILLA TERRACE LIVING ((C) (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:
(Contact Person)
(Firm/Company)
1717 N 131445 hore DR # 215
MIAMI FORIDA 33130 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person) at (305) 606 6865 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 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

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 liabili	ty company a	s it appears on t	he records of th	ne Florida Dep	artment
of State is:	11/4 TE	RRACE	LIVNG.	110	<u> </u>	
2. The Florida docu	ument/registra	tion number a	assigned to this l	limited liability	company is:	
206000	0054	186	·			
3. The date this me	ember/manage	r withdrew/re	signed or will w	rithdraw/resign	is: 45	17
4.1. <u>BENA</u>	HE FE	tz	, hereby w	vithdraw/resign	ı as a	
MAKAGI	ng NEP	1.BER.				
of this limited liai resignation in wr		y and affirm t	he limited liabili	ity company ha	s been notified	i of my
Britan	Heil	£				
Signature of Di	ssociating Me	naber or Resi	gning Manager			
Filing Fee: Certified Copy:	,	•				
						C