06000119882

(Requestor's Name)				
(Address)				
,				
(Address)				
(City/State/Zip/Phone #)				
☐ PICK-UP ☐ WAIT ☐ MAIL				
(Business Entity Name)				
(Document Number)				
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04/27/09--01020--009 **35.00

T. HAMPTON

WAI 13 2009

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations		•			
SUBJECT: 1641, LLC					•
(Name of Corporat DOCUMENT NUMBER: L06000119882	ion)	.,	<u>. </u>		1974
The enclosed Officer/Director Resignation for a Corporation a	and fee are su	bmitted f	or filing.	·	Para Car
Please return all correspondence concerning this matter to the	following:				·
Ernesto Sanchez (Name of Person)		·	4 6 W		e Derrie
1641, LLC (Name of Firm/Company)		·, · .			
1455 NW 23 ST (Address)					
Miami, FL 33142 (City/State and Zip Code) For further information concerning this matter, please call:					٠,
Ernesto Sanchez at (305) (Name of Person) (Area Code &	2652654 & Daytime Tel	ephone N	umber)		**************************************
Enclosed is a check for \$35.00 made payable to the Florida De	epartment of S	State.	*	. + 1+45	5. ₉ . *

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314



RECEIVED

09 MAY 12 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

April 29, 2009

ERNESTO SANCHEZ 1455 NW 23 ST MIAMI, FL 33142

SUBJECT: 1641, LLC

Ref. Number: L06000119882

We have received your document for 1641, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 809A00014482



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 limited liability company as it appears on the records of the Florida Department of State is:
2. This limited liability company was organized under the laws of:
3. The Florida document/registration number of this limited liability company is:
4. 1, (Print Name of Person Resigning), hereby resign as a (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Resigning Member, Managing Member or Manager

\$25.00 (Required)

\$30.00 (Optional)

MAY 12 AH 9: L

SECRETARY OF STATE DIVISION OF CORPORATIONS

Filing Fee:

Certified Copy: