## 101000035577

(Req	uestor's Name)	<del></del>		
(Address)				
(Address)				
(City/	State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				





000103963490

06/11/07--01065--015 \*\*25.00

2007 JUH 11 PH 12: 22
SECRETARY OF STATE



## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: 18850, LLC	
(Name of Limited Liability Com	pany)
The enclosed member, managing member or manager resign filing.	nation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
RIGOBERTO MONTERO	
(Contact Person)	
(Firm/Company)	3.0 2
13886 SW 155 TERRACE	
(Address)	
MIAMI, FL 33177	2007 JUN 11 PH 12: 22 SECRETARY OF STATE TALL THISSEE FLORIN
(City/State and Zip Code)	下。 云
For further information concerning this matter, please call:	22 PAIE ORIDA
~	491-4675
(Name of Contact Person) (Area Code &	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida De \$25 Filing Fee \$35	epartment of State for: 55 Filing Fee & Certified Copy
Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



## 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: 186	limited liability company as 350, LLC	it appears on the records o	f the Florida Department
2. This limited liab	oility company was organized	l under the laws of:	
3. The Florida doc L0700003	ument/registration number of 5577	f this limited liability comp	any is:
4. I, MARIA M	ONTERO	, hereby resign as a N	MEMBER
(Print Name of Person Resigning)			(Prim Title)
resignation in w	Execute	W	has been notified of my  2007 JUN 11  SECRETARY TALLAHASS
·	igning Member, Managing M	lember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		PIHZ: 22 OF STATE E. FLORIDI