## 107000049893

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(Address)		
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D. BRUCE

OCT 24 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: INVERSIONES OF (Name of Limited Liabi	ELENTE, L.C.
The enclosed member, managing member or manage filing.	er resignation and fee(s) are submitted for
Please return all correspondence concerning this mat	ter to:
JAIME VILLAMIZAR (Contact Person)	<del></del> .
INVERSIONES OPIENTE, L.C. (Firm/Company)	SECRE
9795 N.W. 87 AVENUE	<b>&gt;</b> ご ≒
MEDIEY, FL 33178 (City/State and Zip Code)	STATE LORIDA
For further information concerning this matter, pleas	e call:
TAIME VINA MIZAR at (3) (Name of Contact Person) (Area	05) 888-8669 a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo	orida Department of State for:  √ \$55 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 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301



## 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	he Florida Department
of State is:	LAVERSIONES ORIENTE L.C	•
	lity company was organized under the laws of:	
FLOR	1 DA	
_	ment/registration number of this limited liability compan	y is:
	00049893	
11 21 2010	ame of Person Resigning), hereby resign as a	IANA DENS HENDOS
4. 1, 10 (Print No.	ame of Person Resigning)	(Print Title)
of this limited liab	pility company and affirm the limited liability company has	
resignation in wri	ting.	
- VIIIV		
	ning Member, Managing Member or Manager	<b>08</b> SEC TALL
		.A.II.
PW. F.	#25 00 (P - quired)	ASSO TA
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	FF S F
certified copy.	φεύτου (Θριτοπαι)	PEC SI FEC
		RATE I