

LO8000024520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

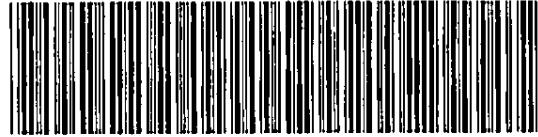
(Business Entity Name)

(Document Number)

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2020 JAN 28 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS
FEB 21 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Eagle Properties Venture, I.L.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:

Nohemi V. Escalante

(Contact Person)

Eagle Properties Venture, I.L.C.

(Firm/Company)

2441 S.W. 27th Ave. Apt. #1

(Address)

Miami, FL 33145

(City/State and Zip Code)

For further information concerning this matter, please call:

Nohemi V. Escalante

(Name of Contact Person)

at (786) 512-1539

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



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)

RECEIVED
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TALLAHASSEE, FL

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Jose L. Escalante

2. The Florida document/registration number assigned to this limited liability company is: 1.08000024520

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1-06-2020

4. I, Jose L. Escalante, hereby withdraw/resign as a
(Print Name of Person Resigning)

* MGRM and Registered Agent
(Print Title)

* New Registered Agent: Nohemi V. Escalante
2441 SW 27th Ave Apt #1
Miami FL 33145

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

[Signature]
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)