

#### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SERBER & ASSOCIATES, P.A.

Account Number : 120000000083

Phone Fax Number : (305)932-6262 : (305)933-9393

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please . \*\*,

#### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PALIANA INVESTMENTS, LLC

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Corporate Filing Menu

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### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: PALIANA INVESTMENTS,		
(Name of Lin	nited Liability Co	отрапу)
The enclosed member, resignation or dissoc	iation and fec	(s) are submitted for filing.
Please return all correspondence concerning	this matter to	<b>:</b>
Daniel J. Serber		
(Contact Person)		<del>_</del>
Serber & Associates, P.A.		
(Firπ/Company)		<del></del>
2875 NE 191st Street, Suite 801		
(Address)		
Aventura, FL 33180		
(City/State and Zip Code)		<del>_</del>
For further information concerning this matt	er, please call	1:
Yolanda L. Fornaris	305	932-6262
(Name of Contact Person)	(Area Coo	ie & Daytime Telephone Number)
Enclosed please find a check made payable t  \$25 Filing Fcc		Department of State for: ng Fce & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

# RESIGNATION OR DISSOSIATION OF MEMBER; MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the limited liabi	lity compar	ny as it appe	siz on the	records of	the Florida	Department
of State is:	PALIA	NA INVE	STME	NTS, LL	.c	
,	<u> </u>				•	
2. The Florida document/registr	ation numb	er of this fil	ni <b>ted</b> liab	ility compa	hy is:	
L0900002041		19 9 7 23				
			i.v.			
3. The date this member/manag	er withdrev	v/resigned o	r will wit	hdraw/resig	n is:	May 27 <sup>th</sup> ,
2014	• • • • • • • • • • • • • • • • • • • •	7 9 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		-		
				3.1 ·		
4. I,Ana Clara Fil	hol	_, hereby w	ithdrew/re	esign as a	_Manag	jer
(Print Name of Person R	ceigning)				(Print Tit	ie)
of this limited liability company	and affirm	n the limited	liability	company ha	s been noti	fied of my
resignation in writing.						
Defu						Mari,
Signature of Dissociating Mem	per or Rési	gning Mana	ger ·			型部 下
				•	· · · .	

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