## 1000046285

(D
(Requestor's Name)
(Address)
· ·
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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**EXAMINER** 



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SECRETARY OF STATE
TALL AHASSEF, FLORIDA

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: CUEVA ARMIJOS INVESTMENTS, LLC (Name of Limited Liability Company)		
The enclosed member, managing member or mar filing.	nager resignation and fee(s) are submitted for	
Please return all correspondence concerning this	matter to:	
Albert Corrada		
(Contact Person)	- <del> </del>	
Albert Corrada CPA	·	
(Firm/Company)		
2655 LeJeune Road, Suite 902 (Address)		
Coral Gables, FL 33134 (City/State and Zip:Code)	<del></del>	
For further information concerning this matter, p	lease cali:	
Albert Corrada at (	305 ) 804-8569	
(Name of Contact Person)	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	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		

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 limited liability company as it appears on the records of State is: CUEVA ARMIJOS INVESTMENTS, LLC	f the Florida Department
2. This limited liability company was organized under the laws of:  Florida	
3. The Florida document/registration number of this limited liability comp.  L0900046285	any is:
4. I, JOSE A. CUEVA ARMIJOS , hereby resign as a N	MGRM
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and altirm the limited liability company resignation in writing  Signature of Resigning Member, Managing Member or Manager	has been notified of my  SECRETARY  IALLAHASSE
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	PH 1:54 OF STATE E. FLORIDA