## L090000001570

(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:							
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)						
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status							
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)   Certified Copies Certificates of Status	(Address)						
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	·						
PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)   Certified Copies Certificates of Status	(Address)						
PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)   Certified Copies Certificates of Status							
(Business Entity Name)  (Document Number)  . Certified Copies Certificates of Status	(City/State/Zip/Phone #)						
(Document Number) . Certified Copies Certificates of Status	PICK-UP WAIT MAIL						
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Certified Copies Certificates of Status	(Business Entity Name)						
Certified Copies Certificates of Status							
	(Document Number)						
Special Instructions to Filing Officer:	Certified Copies Certificates of Status						
Special Instructions to Filing Officer:							
	Special Instructions to Filing Officer:						





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THE SECRETARY OF STATE

J. BRYAN

JUL 3 1 2012

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Lahteeno, LLC	
(Name	of Limited Liability Company)
The enclosed member, managing memfiling.	aber or manager resignation and fee(s) are submitted for
Please return all correspondence conce	erning this matter to:
Jose A. Guzman	
(Contact Person)	
Lahteeno, LLC	TALLAHASSEE, FLORE
(Firm/Company)	
1969 S Alafaya Trail Suite 132	JUL 30 PM
(Address)	F-07 2:
Orlando, FL 32828	33
(City/State and Zip Code	:)
For further information concerning this	s matter, please call:
Jose A. Guzman	at (305319-9865
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made page \$25 Filing Fee	yable to the Florida Department of State for:  \$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 32301	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 li of State is: Lahte	mited liability company as i eno, LLC	t appears on the records	s of the F	lorida D	)epartı	nent 
2. This limited liabil Florida	ity company was organized	under the laws of:				
3. The Florida docur L0900061570	nent/registration number of	this limited liability cor	npany is:	:		
4. I. Fernando Per	ez	, hereby resign as a	MGR			
	me of Person Resigning)	, nercoy resign as a		Print Title	e)	
resignation in writ	lity company and affirm the ingning Member, Managing Member, M		ny has bo	een noti	fied 2012 JUL 30	fmy
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			HASSEE, FLORK	UL 30 PM 2:3	ED