۵	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
_	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
	A. LUNT
	JUN 20 2011
	EXAMINE

Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ		
	(Name of Limited I	Liability Company)
The enfiling.		nager resignation and fee(s) are submitted for
Please	e return all correspondence concerning this	matter to:
MAF	RBELIA APARICIO	
	(Contact Person)	ALL S
HAB	BANA 803 INVESTMENTS, LLC	ADE JUN 18 ALLAHASS
	(Firm/Company)	 SSE
<u>175</u>	SW 7TH ST. #1523	OF CARE
	(Address)	
MIA	MI, FL 33130	r
	(City/State and Zip Code)	
For fu	urther information concerning this matter, p	please call:
MAF	RBELIA APARICIO at	(305) 629-8191
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclo	sed please find a check made payable to th \$25 Filing Fee	e Florida Department of State for: \$55 Filing Fee & Certified Copy
STRE	EET/COURIER ADDRESS:	MAILING ADDRESS:
_	tration Section	Registration Section
	ion of Corporations	Division of Corporations
	on Building	P.O. Box 6327
	Executive Center Circle hassee, 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

	limited liability company	y as it appears on the records of the TMENTS, LLC	Florida Department
2. This limited liab FLORIDA	ility company was organ	ized under the laws of:	2017 JUN 18
3. The Florida docu <u>L09000103</u>	-	er of this limited liability company is	Francisco President
4. I, FRANCO (Print N	PROFETA Same of Person Resigning)	, hereby resign as a Mana	aging Member
resignation in wr		n the limited liability company has l	peen notified of my
Filing Fee:	\$25.00 (Required) \$30.00 (Ontional)		