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SECRETARY OF STATE

T. HAMPTON

oti - 3 2011

EXAMINER

COVER LETTER

CR2E079 (5/06)

TO: Registration Section	
Division of Corporations	
SUBJECT: COEL, LLC	
(Name o	f Limited Liability Company)
The enclosed member, managing memb filing.	er or manager resignation and fee(s) are submitted for
Please return all correspondence concer-	ning this matter to:
Mariano Saal	
(Contact Person)	
TIR Prime Properties	
(Firm/Company)	
18851 NE 29th Avenue Suite	756
(Address)	
Aventura, FL 33180	·
(City/State and Zip Code)	
For further information concerning this	matter, please call:
Mariano Saal	_{at (} 305 ₎ 931-7262
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made paya \$25 Filing Fee	able 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 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
Tallahagga, Florida 22201	rananassee, fionua 32314



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 of State is: CO		it appears on the records of the	e Florida Department
2. This limited liab Florida	ility company was organized	under the laws of:	
3. The Florida docu <u>L1000008</u>	•	f this limited liability company	is:
_{4. I,} Jose N Sa	al	, hereby resign as a MG	R
(Print N	ame of Person Resigning)		(Print Title)
resignation in wri	· - · ^	e limited liability company has	s been notified of my
			2
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		FILED BILOCT -5 AM 11: SEUNE JARY OF STA