

L10000021034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

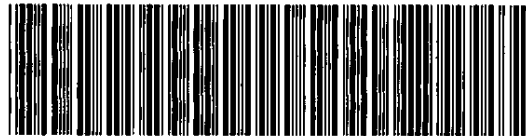
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
10 AUG 11 PM 3:01
TALLAHASSEE, FLORIDA

S. HAWKES
AUG 12 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEEWARD DORAL LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Daniel Guenni
(Contact Person)

LEEWARD DORAL LLC
(Firm/Company)

7791 NW 46th Street, Suite 108
(Address)

Miami, FL 33166
(City/State and Zip Code)

For further information concerning this matter, please call:

Daniel Guenni at (786) 355-5778
(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:
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 OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

FILED
10 AUG 11 PM 3:01
STATE
FLORIDA

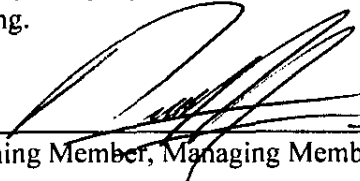
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: LEEWARD DORAL LLC

2. This limited liability company was organized under the laws of:
FLORIDA

3. The Florida document/registration number of this limited liability company is:
L10000021034

4. I, RUBEN ALCALDE, hereby resign as a MGR
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)