L10000071163



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NOV 2 3 2016 S. YOUNG TO NOV 21 AH ID: OI

COVER LETTER

	itration Section ion of Corporations		
SUBJECT:	Homestead Miami Propertie	s, LLC	
	(Name of Lim	ited Liability Co	mpany)
The enclosed	I member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please return	all correspondence concerning	this matter to:	
Anne Herst	ol		
	(Contact Person)		_
Prince CPA	(Group		
	(Firm/Company)		_
9161 Narco	oossee Road Ste 202		
	(Address)		_
Orlando, Fl	_ 32827		
	(City/State and Zip Code)		-
For further in	nformation concerning this matte	er, please call:	
Anne Herst	ol	407	823-8230
(N	ame of Contact Person)		e & Daytime Telephone Number)
Enclosed ple □ \$25 Filing	ase find a check made payable t		Department of State for: g Fee & Certified Copy
4 4 23 1 mmg	, 1 00	4 4 9 9 9 1 1 1 1 1 1 1 1 1 1	g ree accounted copy
	OURIER ADDRESS:		MAILING ADDRESS:
Registration			Registration Section Division of Corporations
Division of C Clifton Build	•		P.O. Box 6327
	ive Center Circle		Tallahassee, Florida 32314

Tallahassee, Florida 32301

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SEGRETARY OF STATE TALLAHASSEE, FLORID



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

The name of the limited liability company as it appears on the records of the Florida Departr of State is: Homestead Miami Properties, LLC	nent 	
2. The Florida document/registration number assigned to this limited liability company is: L10000071163	4.	
3. The date this member/manager withdrew/resigned or will withdraw/resign is:	16	
4. I, Keith Buescher (Print Name of Person Resigning), hereby withdraw/resign as a		
Manager		
of this limited liability company and affirm the limited liability company has been notified of resignation in writing.		SEURETARY OF TALLAHASSEE. I
Signature of Dissociating Member or Resigning Manager	10:01 MA	FLORIDA

Filing Fee:

Certified Copy:

\$25.00 (Required) \$30.00 (Optional)