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(Re	equestor's Name)					
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
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TALLAHASSEE, FLORIDA

COVER LETTER

то:	: Registration Section Division of Corporations				
			шс		
SUBJ	ECT:		mited Liability Co	ompany)	
The e		d member, managing member of	or manager res	gnation and fee(s) are submitted fo	
Please	e return	all correspondence concernin	g this matter to	:	
ALV	'ARO	A. SANDOVAL			
		(Contact Person)			
		(Firm/Company)			
150	27 SV	V 139TH AVE			
		(Address)			
MIA	MI, F	L 33186			
		(City/State and Zip Code)		<u> </u>	
For fu	ırther ir	nformation concerning this ma	tter, please call	:	
<u>ALV</u>	ARO	A. SANDOVAL	_ _{at (} _ 786	447-7936	
	(N	ame of Contact Person)	(Area Cod	e & Daytime Telephone Number)	
Enclo	sed ple	ase find a check made payable \$\frac{1}{\sqrt{25}}\$\$ Filing Fee		Department of State for: \$55 Filing Fee & Certified Copy	
		OURIER ADDRESS:		MAILING ADDRESS:	
_		Section		Registration Section	
	on of C n Build	Corporations		Division of Corporations P.O. Box 6327	
		ive Center Circle		Tallahassee, Florida 32314	
		Florida 32301		i dilaliassee, i iolida 525 la	

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 as		t the Florida Department
of State is: INN	MOBILIARIA REAL, L	LC	·
2. This limited liab	ility company was organized	under the laws of:	
ANY AND	ALL LAWFUL BUSIN	<u>ES</u> S.	
3. The Florida doc 	ument/registration number of 7999	this limited liability compa	any is:
_{4. I,} MIGUEL F	PEREZ	, hereby resign as a N	MGRM
(Print Name of Person Resigning)			(Print Title)
of this limited lia resignation in wr	bility company and affirm the iting.	e limited liability company	has been notified of my
Q4	14		
Signature of Res	gning Member, Managing M	ember or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		