L10000078563

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C. LEWIS AUG 1 4 2012 **EXAMINER**

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: The Stables Miami, LLC	
(Name of Lin	nited Liability Company)
The enclosed member, managing member of filing.	r manager resignation and fee(s) are submitted for
Please return all correspondence concerning	g this matter to:
Bernardo Pimentel II	
(Contact Person)	
The Stables Miami, LLC	
(Firm/Company)	
4706 sw 74th Ave	
(Address)	
Miami, Florida 33155	
(City/State and Zip Code)	
For further information concerning this mat	ter, please call:
Bernardo Pimentel II	at (305) 878-8087
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	to the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FILED

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SECKLIANT OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of the limited liability company as it ap of State is: The Stables Miami, LLC	opears on the records of the Florida Department
of State is.	
2. This limited liability company was organized und Florida	ler the laws of:
3. The Florida document/registration number of this L10000078563	s limited liability company is:
4. I, Pedro Luis Bofill, III (Print Name of Person Resigning)	, hereby resign as a Manager (Print Title)
of this limited liability company and affirm the ling resignation in writing. Signature of Resigning Member, Managing Member,	nited liability company has been notified of my
Filing Fee: \$25.00 (Required)	

Certified Copy:

\$30.00 (Optional)