L'10000 108026

(Requestor's Name)				
(Ad	dress)			
(Address)				
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
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LLC MIMGRRESIGN

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	JECT: Unit 810 Puerta de Palma	s Condominiur	
The e	nclosed member, resignation or disso	ociation and fee(s) are submitted for filing.
Please	e return all correspondence concernir	ng this matter to:	
Perla	s Sole Calas		
	(Contact Person)		_
Corv	o & Calas		
	(Firm/Company)	······································	-
1545	0 New Barn Road Suite 302		
	(Address)		_
Miam	ni Lakes, Florida 33014		
	(City/State and Zip Code)	······································	_
For fu	erther information concerning this ma	itter, please call:	
Perla	Calas	305	827-0084
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
	sed please find a check made payable 5 Filing Fee		Department of State for: g Fee & Certified Copy
	EET/COURIER ADDRESS:		MAILING ADDRESS:
	tration Section		Registration Section
	on of Corporations n Building		Division of Corporations P.O. Box 6327
	Executive Center Circle		Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301

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FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

14 OCT 30 PM 3: 42

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)

	limited liability company as 810 Puerta de Palmas Co	s it appears on the records of the ondominium LLC	Florida Department
2. The Florida doc L1000010802	_	ssigned to this limited liability co	ompany is:
luan laas Ni	lautha an Manassan	signed or will withdraw/resign is:	
(Print N Manager	lame of Person Resigning)	, hereby withdraw/resign as	. •
		ne limited liability company has b	peen notified of my
Signature of D	issociating Member or Resig	ning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		