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| (Requestor's Name) | | | | |
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| (Ad | dress) | | | |
| | | | | |
| (Address) | | | | |
| | | | | |
| (Cit | y/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| | | | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Do | cument Number) | | | |
| | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| | | | | |
| Special Instructions to | Filing Officer: | | | |
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Office Use Only



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CORETARY OF STATE

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COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|------------------|---|
| SUBJECT: Camino Real Estate LLC | | |
| (Name of Limit | ed Liability Con | npany) |
| The enclosed member, resignation or dissocia | tion and fee(s |) are submitted for filing. |
| Please return all correspondence concerning the | nis matter to: | |
| Luis Marquez | | |
| (Contact Person) | | - |
| Camino Real Estate LLC | | |
| (Firm/Company) | | - |
| 1236 Manati Ave | | • |
| (Address) | | - |
| Coral Gables, FL 33146 | | |
| (City/State and Zip Code) | | - |
| For further information concerning this matter | r, please call: | |
| Luis Marquez | 305 | 586 5551 |
| (Name of Contact Person) | | & Daytime Telephone Number) |
| Enclosed please find a check made payable to ■ \$25 Filing Fee | | Department of State for: 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 |

CR2E079 (2/14)



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 ino Real Estate LLC | it appears on the records | of the Florida Department |
|---|--|------------------------------|----------------------------------|
| 2. The Florida docu | ment/registration number as | ssigned to this limited liab | pility company is: |
| 3. The date this me | mber/manager withdrew/resi | igned or will withdraw/res | sign is: |
| 4. I, Carnegie Est | ates Limited ame of Person Resigning) | , hereby withdraw/re | esign as a |
| | uez. President | | |
| of this limited lial resignation in write | le musus | | ny has been notified of my |
| Filing Fee: | ssociating Member or Resig \$25.00 (Required) \$30.00 (Optional) | ning Manager | A II: 20' Y OF STATE EF. FLORIDA |