

L 11000009525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DEPT. OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAY 24 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARACOL PROPERTIES, LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

CLAUDIA WONG
(Contact Person)

CARACOL PROPERTIES, LLC
(Firm/Company)

1037 ADAMS DRIVE
(Address)

KEY LARGO, FL 33037
(City/State and Zip Code)

For further information concerning this matter, please call:

CLAUDIA WONG at (786) 663-7609
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing 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



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11 MAY 23 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

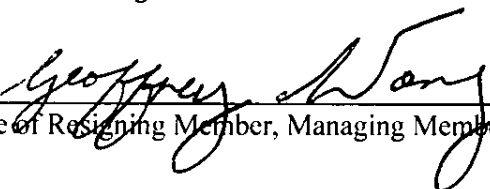
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: CARACOL PROPERTIES, LLC

2. This limited liability company was organized under the laws of:
THE STATE OF FLORIDA

3. The Florida document/registration number of this limited liability company is:
L11000009525

4. I, GEOFFREY WONG, hereby resign as a MGRM
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.


Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)