1110000411983

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT	MAIL						
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of	Status						
Special Instructions to Filing Officer:							

Office Use Only



200320169072

11/81/18--0100/--015 **25.60

27 KST -1 A W 01

COVER LETTER

TO:	_	stration Section sion of Corporations				
	DIVE	sion of Corporations				
SUBJ:	FCT.	SOBE REAL ESTATE SO	LUTI	ON LLC		
00134	(Name of Limited Liability Company)					
The er	relosed	d member, resignation or disso	ciatio	on and fee(s) are submitted for filing.	
Please	return	n all correspondence concernir	g this	s matter to	:	
CLAU	ו סוסנ	BENEDETTI				-
		(Contact Person)				:
					7	
					_	
		(Firm/Company)			•	
1680	МІСН	HIGAN AVE STE 910				7
		(Address)				0 iu
MIAM	II BEA	ACH FL 33139			<i>,</i> ·	
		(City/State and Zip Code)				
For fu	rther i	nformation concerning this ma	itter.	please call	:	
CLAU	ו סוםנ	BENEDETTI	at	305	672 4971	
	(N	Name of Contact Person)	— "	\ <u></u>	e & Daytime Telephone Number)	-
Enclos	•	ease find a check made payable g Fee			Department of State for: g Fee & Certified Copy	
		COURIER ADDRESS:			MAILING ADDRESS:	
-		Section			Registration Section	
Division Clifton		Corporations			Division of Corporations P.O. Box 6327	
		tive Center Circle			Tallahassee, Florida 32314	
Tallah	assce,	Florida 32301			•	

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)

1. The name of the	limited liability company as i	it appears on the records of the F	Florida Department
of State is:	E REAL ESTATE SOLUTI	ON LLC	<u> </u>
	ument/registration number ass	signed to this limited liability co	>
		gned or will withdraw/resign is:	10/29/20185
4. I, ROBERTO B	BEHNAHUI	, hereby withdraw/resign as	a
MGRM	ame by verson resigning)		
	(Print Title)		
of this limited liab resignation in wri		limited liability company has be	een notified of my
Rylade	- Bendo		
Signature of Di	ssociating Member or Resign	ing Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		