LII 000052796

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER . . .

TO: Registration Section Division of Corporations	
Las Cabanas Investments, LLC SUBJECT:	
	ed Liability Company)
The enclosed member, resignation or dissocia	tion and fee(s) are submitted for filing.
Please return all correspondence concerning the	nis matter to:
Teresa M. Alvarez, Esq.	
(Contact Person)	
Teresa Maria Alvarez, P.A,	
(Firm/Company)	
2525 Ponce de Leon Blvd., Ste 300	
(Address)	
Coral Gables, Florida 33134	
(City/State and Zip Code)	
For further information concerning this matter	r, please call:
Teresa M. Alvarez. Esq.	305 667-3040 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to ■ \$25 Filing Fee	the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
-	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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 compar	ny as it appears on the records of the Florida Department	
of State is: <u>LAS CAbor</u>	as thus fronts, LLC.	
2. The Florida document/registration numb	per assigned to this limited liability company is:	
L1100052796	 .	
3. The date this member/manager withdrev	v/resigned or will withdraw/resign is: 12 30 30	<i>⊃</i> C
4. I. HALLE Wonte Dog (Print Name of Person Resigning)	UC, hereby withdraw/resign as a	
MG2H (Print Title)	<u></u> .	
of this limited liability company and affinesignation in writing.	m the limited liability company has been notified of my	
Attale Youthern		
Signature of Dissociating Member or F	Resigning Manager [73]	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	9- HVI	
Certified Copy: \$30.00 (Optional)		•
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