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#### **COVER LETTER**

Division of Corporations
SUBJECT: LA PREPAGO, 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:
Stephen J. Kolski
(Contact Person)
Catlin Saxon Fink & Kolski, LLP
(Firm/Company)
2600 Douglas Road, Suite 1003
(Address)
Coral Gables, FL 33134
. (City/State and Zip Code)
For further information concerning this matter, please call:
Stephen J Kolski at ( 305 ) 371-9575
(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 \$ 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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SECRETARY OF STATE TALLAHASSEE, FLOREDA

### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	mited liability company as i REPAGO, LLC	appears on the records	s of the Florida Department
2. This limited liabili Florida	ty company was organized t	under the laws of:	
3. The Florida docum L110000816	ent/registration number of t 193	his limited liability con	npany is:
4. I, Hugo Molina (Print Name of Person Resigning)		, hereby resign as a	Manager (Print Title)
resignation in writing	ity company and affirm the ng.		ny has been notified of my
Signature officesign	ing Memoer, wandging we		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		