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T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: LORELTE LLC Name of Limited Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:				
JOZGE GARCIA Name of Person				
Firm/Company				
14440 Sw 73 St Address				
City/State and Zip Code RESF1485 Chellsouth. net E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Person at (365) 298-5209 Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$\ S\$5.00 Filing Fee & S\$55.00 Filing Fee & S\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$\ Certified Copy (additional copy is enclosed)				

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301.

TITLE GUARANTY OF SOUTH FLORIDA, INC. 4430 WESTON ROAD DAVIE, FL. 33331

PH: 954-389-9483 / FAX: 954-389-9487

July 17, 2012

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee FL 32301

RE: Buyer: Cecil J Jebailey as Trustee of the and 1001 NW 63rd Street Land Trust

SELLER: Lorelie LLC

Property Address: 1001 NW 63rd Street Miami FL 33150

File Number: TG12534A

To whom it may concern,

Please find the enclosed check in the amount of \$50.00 for the Filing Fee and the state to amend. If you should have any other questions please feel free to contact me at 954-389-9483.

Respectfully,

Maria O'Barrio Post-Closing Coordinator



FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS**

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

	e limited liability company as it appears on the record	ls of the Florida Department
	bility company was organized under the laws of:	
	cument/registration number of this limited liability co	mpany is:
of this limited lial resignation in wr	TIAGO ALONSO, hereby resign as a Name of Person Resigning) ability company and affirm the limited liability compariting. Colored Caulo signing Member, Managing Member or Manager	
_	\$25.00 (Required) ~ \$30.00 (Optional)	