## 11000109524

(Re	questor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(O.	y/Otate/Elp/r Hori	S #7)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
<b>(</b>	<b>--</b>	··- <b>,</b>		
(Document Number)				
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B. BOSTICK

OCT - 7 2013

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: LA CHIVA INVESTMENTS 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:

**OMAR MUNOZ** 

(Contact Person)

LA CHIVA INVESTMENTS LLC

(Firm/Company)

1555 SEMORAN BLVD. STE 1321

(Address)

WINTER PARK, FL. 32792

(City/State and Zip Code)

For further information concerning this matter, please call:

**OMAR MUNOZ** 

**..516** ...9241878

(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

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	liability company as it ap	pears on the records of the F	lorida D	epartn	nent 
2. This limited liability con FLORIDA	npany was organized und	er the laws of:	TALLAH TALLAH	2013 OCT -4	92-4 ( ) 1
3. The Florida document/re L11000109524		limited liability company is:		1-4 Mi 7	
4. I, GUIDO CASTRO		, hereby resign as a MGRM	1 =	 ယ္က	
(Print Name of Pe	rson Resigning)	a	Print Title	)	
of this limited liability corresignation in writing.	mpany and affirm the lim	ited liability company has be	en notif	ied of	my
1 do 1=					
Signature of Resigning M	lember, Managing Memb	er or Manager			
Filing Fee: \$25.0 Certified Copy: \$30.0	00 (Required) 00 (Optional)				