L11000127952

Office Use Only



800264157708

09/15/14--01008--001 **25.00



JRM 92214

COVÈR LETTER

TO: Registration Section Division of Corporations

CR2E079 (2/14)

SUBJECT: LE MACARON KEY BISCAYNE, LL	SE FALL
(Name of Limited Liabili	ity Company) 圣五 写
The enclosed member, resignation or dissociation and	
Please return all correspondence concerning this matter	er to:
Rafael J. Oropesa, Esq.	AUP AUP AUP
(Contact Person)	
Rafael J. Oropesa, Attorney at Law	
(Firm/Company)	
1275 West 47 Place, Suite 108	
(Address)	
Hialeah, FL 33012	
(City/State and Zip Code)	
For further information concerning this matter, please	call:
Rafael J. Oropesa, Esq. 305	647-9852
(Name of Contact Person) (Area	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo ■ \$25 Filing Fee □ \$55	rida Department of State for: Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314



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)

	limited liability company as it	appears on the records of the Florida Department, LLC
L1100012795	2	gned to this limited liability company is:
3. The date this me	ember/manager withdrew/resign	ned or will withdraw/resign is: 9/2/19
4. I, Vincent Ben	Ollei	hereby withdraw/resign as a
	Name of Person Resigning)	
MANAGER		
	(Print Title)	
of this limited lia resignation in wr		imited liability company has been notified of my
Signature of D	issociating Member or Resignia	ng Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	