## L11000136671

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
. TIP PICK-UP	☐ WAIT	MAIL
· (Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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**EXAMINER** 



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SECRETARY OF STAPS

## **COVER LETTER**

TO: Registration Section Division of Corporations	•
SUBJECT: YIREH CENTER GROUP L (Name of Limited Lia)	
(Name of Ellinea Ela	omity Company)
The enclosed member, managing member or managiling.	ger resignation and fee(s) are submitted f
Please return all correspondence concerning this ma	atter to:
ANDRES F. GOMEZ	
(Contact Person)	<del></del>
YIREH CENTER GROUP LLC	
(Firm/Company)	
1420 GEMINI BLVD. STE. 6	
(Address)	<del></del>
ORLANDO FL 32837	
(City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·
For further information concerning this matter, plea	ase call:
RUBEN D. TORO at (	407 370-6445
(Name of Contact Person) (An	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F	
\$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	Talialiassee, Florida 32314
I alianassee, Florida 32301	

CR2E079 (5/06)





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

	e limited liability company as REH CENTER GROU		s of the Florida Department
2. This limited lia	bility company was organized	d under the laws of:	
3. The Florida do: L1100013	cument/registration number o	f this limited liability cor	mpany is:
/	P. AGUILLON	, hereby resign as a	MANAGER
·	Name of Person Resigning) ability company and affirm th riting.	e limited liability compa	(Print Title)  any has been notified of my
Signature of Res	signing Member, Managing N	1ember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		