L12000048/81

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
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(Document Number)					
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COVER LETTER

тŎ:	Registration Section Division of Corporations		
SUBJ			
	(Name o	of Limited Liability Com	npany)
The er	nclosed member, resignation or di	ssociation and fee(s) are submitted for filing.
Please	return all correspondence concer	ming this matter to:	
Linett	te Guerra		
-	(Contact Person)		_
Regis	stered Agent		
	(Firm/Company)		-
2275	Biscayne Blvd., Suite 1		
	(Address)		-
Miam	ni, Florida 33137		
	(City/State and Zip Code)		-
For fu	rther information concerning this	matter, please call:	
Linett	te Guerra	305	672-0773
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
	sed please find a check made paya 5 Filing Fee		Department of State for: Fee & Certified Copy
	CET/COURIER ADDRESS:		MAILING ADDRESS:
_	tration Section on of Corporations		Registration Section Division of Corporations
	n Building		P.O. Box 6327
26611	Executive Center Circle hassee, Florida 32301		Tallahassee, Florida 32314

CR2E079 (2/14)



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)

1. The name of the	limited liability company a	s it appears on the records of the	Florida Department
of State is: Han	ah Bahia LLC		·
2. The Florida docu	ament/registration number a	assigned to this limited liability co	ompany is:
L1200004818	1		
3. The date this me	mber/manager withdrew/re	signed or will withdraw/resign is:	May 21, 2012
4. I. Silvana Boes	3	, hereby withdraw/resign as	s a
(Print N	ame of Person Resigning)	, hereby withdraw/resign as	
Managing Me	mber		
_	(Print Title)		
resignation in wr		he limited liability company has b gning Manager	peen notified of my
	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		