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J. SAULSBERRY **EXAMINER**

AUG 2 2012

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ESPARTO Y LONA (Name of Limited Li	
The enclosed member, managing member or manafiling.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this n	natter to:
SILVIA ARROYO (Contact Person)	
ESPARTO Y LONA, LLC (Firm/Company)	SEURETARY OF STATE TALLAHASSEE, FLORIDA
218 SE 14 ST. APARIMENTI (Address)	19103 YOF SIA
MIAMI FL 33131 (City/State and Zip Code)	22 RIDA
For further information concerning this matter, ple	ease call:
SILVIA ARROYO at ((Name of Contact Person) (A	786) 9756443 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as it PARTO Y LONA LLC	appears on the records of the Flo	rida Depa	artment	
2. This limited liab	ility company was organized u	nder the laws of:	SECRETAR TALLAHASS	2012 AUG - 1	,
3. The Florida doc L12000050	=	nis limited liability company is:	TY OF STATE	PM : 22	
4. I, SILVIA AF	ROYO	, hereby resign as a MANAC	3ER		
(Print N	ame of Person Resigning)	(Pri	int Title)		
of this limited lia resignation in wr		imited liability company has been	n notified	of my	
SCH	o Jole la Pocho.				
Signature of Res	gning Member, Managing Mer	nber or Manager			
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				