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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Steinmauer Realty, LLC			
(Name of Limi	ted Liability Com	pany)	
The enclosed member, resignation or dissocia	ation and fee(s)	are submitted for filing.	
Please return all correspondence concerning t	his matter to:		
Aaron Rokosz			
(Contact Person)	•	•	
Steinmauer Realty, LLC			
(Firm/Company)		-	
1108 Kane Concourse, Suite 309		_	
(Address)			
Bay Harbour Islands, FI 33154			
(City/State and Zip Code)		-	
For further information concerning this matter, please call:			
Sarah Haccoun	305-	588-9285	
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclosed please find a check made payable to □ \$25 Filing Fee		epartment of State for: 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 (2/14)



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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 as it appears on the records of the Florida Department
of State is:	einmauer Realty, LLC
2. The Florida docu L120000583	ament/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
	ndelario, hereby withdraw/resign as a lame of Person Resigning)
MGR	
	(Print Title)
resignation in wr	bility company and affirm the limited liability company has been notified of my iting. [Au oulelaio]
Signature of Di	ssociating Member or Resigning Manager
=	\$25.00 (Required)
Cerunea Copy:	\$30.00 (Optional)