L120000 68464

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Ouilgan SEP 1 8 2013

COVER LETTER

CR2E079 (5/06)

TO:	Registration Section	
	Division of Corporations	
SUBJ	TECT: ASTORIA MAI	DRID, LLC.
	(Name of Limi	ted Liability Company)
The e		manager resignation and fee(s) are submitted for
Please	e return all correspondence concerning t	his matter to:
	ALEJANDRO E. VILLAZON WEISSGERB	ER
	(Contact Person)	
	Jan Milleding	
	(Firm/Company)	·
	40 NE 1st AVENUE SUITE 704	•
	(Address)	.
	MIAMI, FLORIDA, 33132	
	(City/State and Zip Code)	
For fu	urther information concerning this matte	r, please call:
ALE	JANDRO E. VILLAZON WEISSGERBER	at (305) 381-82-00
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclo	sed please find a check made payable to ☐ \$25 Filing Fee	the Florida Department of State for: \$\infty\$ \$55 Filing Fee & Certified Copy
STRE	EET/COURIER ADDRESS:	MAILING ADDRESS:
_	tration Section	Registration Section
	on of Corporations	Division of Corporations
	n Building	P.O. Box 6327
	Executive Center Circle nassee, Florida 32301	Tallahassee, Florida 32314



FILED.

2013 SEP 17 PM 1: 43

SECRETARY OF STATE IALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name	of the limited liability company	as it appears on the records	of the Florida Department
of State is	S: ASTORIA MAE	ORID, LLC.	
2. This limit	ed liability company was organiz	zed under the laws of:	
	STATE OF FLORIDA		
3. The Florid	la document/registration number	of this limited liability com	pany is:
	12000068464		•
			
4. I,AN	TONIO NARANJO CAPITAN	, hereby resign as a	MANAGING MEMBER
	(Print Name of Person Resigning)		(Print Title)
of this limi	ted liability company and affirm	the limited liability compan	y has been notified of my
resignation	n in writing.		
Signature of	of Resigning Member, Managing	Member or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Co	` *		