

L12UUUUG9408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

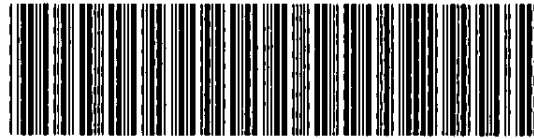
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 15 PM 5:30

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 15 PM 3:30



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 27, 2012

CARLOS A. GIL, P.A.
3910 WEST FLAGLER STREET, SUITE 100
MIAMI, FL 33134

SUBJECT: IBERIAN ICON RESIDENTIAL, LLC
Ref. Number: L12000069408

FILED STATE
SECRETARY OF CORPORATIONS
12 AUG 15 PM 3:30

We have received your document for IBERIAN ICON RESIDENTIAL, LLC and check(s) totaling \$35.00. However, your check(s) and document are being returned for the following:

The enclosed COVER LETTER and \$35.00 check were received in our office without any form to be filed. The cover letter page indicates that a RESIGNATION form was supposed to be included, but no such form was received.

We are returning your \$35.00 check.

Also enclosed is a LLC RESIGNATION FORM should you wish to complete and submit such a form.

Please note that the fee required to file the form is only \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Buck Kohr
Regulatory Specialist II

Letter Number: 112A00019749

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IBERIAN ICON Residential, LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Carlos Gil
(Contact Person)

(Firm/Company)

3910 W. FLAGLER STREET
(Address)

MIAMI, FL 33134
(City/State and Zip Code)

For further information concerning this matter, please call:

Carlos Gil at (305) 443-2525
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing 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

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DIVISION OF CORPORATIONS
12 AUG 15 PM 3:30



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 15 PM 3:30

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: IBERIAN ICON RESIDENTIAL, LLC

2. This limited liability company was organized under the laws of:
FLORIDA

3. The Florida document/registration number of this limited liability company is:
L120000469408

4. I, JULIAN J. RODRIGUEZ, hereby resign as a MANAGER
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

X Julian J. Rodriguez
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)