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SECRETARY OF STATE
TALLAMASSEE, FLORIDA

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DEC 1 9 2014 T. CARTER

COVER LETTER

TO: Registration Section

CR2E079 (2/14)

Division of Corporations 1695 GRATIGNY, LLC **SUBJECT:** (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: J. Edwin Flores (Contact Person) 1695 Gratigny, LLC (Firm/Company) 1565 Sandpiper Circle (Address) Weston, FL, 33327 (City/State and Zip Code) For further information concerning this matter, please call: **Edwin Flores** (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

Commence of the



FILED SECRETARY OF STATE TALL AHASSEE, FLORIDA

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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:	GRATIGNY, LLC	
2. The Florida docu	ument/registration number as	ssigned to this limited liability company is:
L1200008296	6	
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is:
4. I, Ceferino Carbajales		hereby withdraw/resign as a
(Print N	ame of Person Resigning)	, hereby withdraw/resign as a
MGRM		
	(Print Title)	
of this limited lial resignation in wr		e limited liability company has been notified of my
deferro /h	Miles Tourt	
Signature of Di	ssociating Member or Resig	ning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	