L12000093197

(Requestor's Name)			
(Address)			
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PICK-UP WAIT MAIL			
(Business Entity Name) (Document Number)			
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COVER LETTER			
TO: Registration Section Division of Corporations			
SUBJECT: EMILIA PROPERTIES L (Name of Limite	LC d Liability Company)		
The enclosed member, managing member or managing.	nanager resignation and fee(s) are submitted for		
Please return all correspondence concerning th	is matter to:		
Ivan Tuduri			
(Contact Person)			
Emilia Properties, LLC			
(Firm/Company)			
880 SW 68 Court			
(Address)			
Miami, FL 33144	·		
(City/State and Zip Code)			
For further information concerning this matter	, please call:		
Ivan Tuduri	at (7-86). 423-3045		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to \$\sqrt{25}\$ Filing Fee	the Florida Department of State for: \$55 Filing Fee &		
V 523 I ming Fee	Certified Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314		
Tallahassee, Florida 32301	- manufacture of the control of the		
CR2E079 (5/06)	: •		



October 17, 2012

IVAN TUDURI 880 SW 68 COURT MIAMI, FL 33144

SUBJECT: EMILIA PROPERTIES LLC

Ref. Number: L12000093197

We have received your document for EMILIA PROPERTIES LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 912A00025594

CR2E079 (5/06)



FILED

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SIGNETARY OF STATE TALLAHASSEE, 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 of State is: EM	limited liability company as i	t appears on the records	s of the Florida Department
2. This limited liab	ility company was organized	under the laws of:	
3. The Florida doci	ument/registration number of 3197	this limited liability con	npany is:
4. I. ANA E. RE	EMON FLEITES	, hereby resign as a	MANAGER
·	ame of Person Resigning)	, nervoy rootgir as a	(Print Title)
of this limited lia resignation in wr	bility company and affirm the	limited liability compar	ny has been notified of my
Signature of Res	gning Member, Managing Me	ember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		
			•