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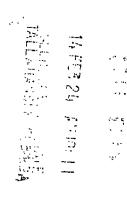
(Red	questor's Name)	
(Address)		
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(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Document Number)		
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COVER LETTER

TO: Registration Section **Division of Corporations**

Las Palmas Land Group LLC

(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:

Alida Perez

(Contact Person)

Las Palmas Land Group LLC

(Firm/Company)

2615 9th Street West

(Address)

Lehigh Acres, FL 33971

(City/State and Zip Code)

For further information concerning this matter, please call:

Alida Perez

at (305) 775-2829

(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

CR2E079 (12/13)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassoc, Florida 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

The name of the limited liability company as of State is: Las Palmas Land Group L	it appears on the records of the Florida Department.LC	
2. The Florida document/registration number o L12000110526	f this limited liability company is:	
3. The date this member withdrew or will with		
4, j. Gilberto Perez Sr.	hereby resign as a MGRM	
(Print Name of Person Resigning)	(Print Title)	
of this limited liability company and affirm the resignation in writing.	ne limited liability company has been notified of my	
-Bes-		
Signature of Resigning or Dissociating Ma	mager, Member	

\$25.00 (Required) \$30.00 (Optional)

Filing Fee: Certified Copy: