112000/1327/

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(,				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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2018 MOV - S P 3 ML

COV 1 9 COM T. LETMINGUX

COVER LETTER

	tration Section on of Corporations			
SUBJECT:	CARIBORI PROPERTIE	ES LLC		
	(Name of Limited Liability Company)			
The enclosed	member, resignation or disso	ciation and fee	(s) are submitted for filing.	
Please return	all correspondence concernin	g this matter to	:	
FERRER, G	ILBERTO JR			
	(Contact Person)		-	
CARIBORI	PROPERTIES LLC			
	(Firm/Company)		_	
9120 WIND	JAMMER LN			
	(Address)			
ORLANDO,	FL32819			
	(City/State and Zip Code)		_	
For further in	formation concerning this ma	itter, please call	;	
FERRER, G	SILBERTO JR	407 at (283-1070	
(Na	ame of Contact Person)		le & Daytime Telephone Number)	
Enclosed plea ■ \$25 Filing	ise find a check made payable Fee		Department of State for: ag Fee & Certified Copy	
Registration S Division of C Clifton Buildi	orporations ing ve Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
CR2E079 (2/14)				



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 app	pears on the records of the Florida Department
of State is: CARIBORI PROPERTIES LLC	·
2. The Florida document/registration number assigne	d to this limited liability company is:
L12000113271	
3. The date this member/manager withdrew/resigned	or will withdraw/resign is: 10/01/2018
4. I, FERRER, CARLA (Print Name of Person Resigning)	more of white a wife sign as a
AUTHORZED MEMBER	
(Print Title)	
of this limited liability company and affirm the limitesignation in writing.	ted liability company has been notified of my
Signature of Dissociating Member or Resigning N	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	2018 NOV -5 P 3 E6