

L12000123674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

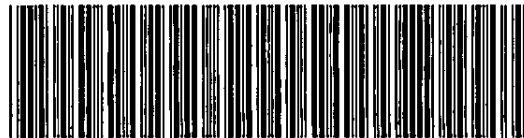
(Business Entity Name)

(Document Number)

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2016 MAR 25 P 5:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 31 2016
J. BRUCE



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: VACACIONES EN FLORIDA LLC

2. The Florida document/registration number assigned to this limited liability company is: L12000123674

3. The date this member/manager withdrew/resigned or will withdraw/resign is: _____

4. I, ELIDA A. LEGUIZA, hereby withdraw/resign
(Print Name of Person Resigning)

MEMBER

(Print Title)

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

Elida A Leguiza

Signature of Dissociating Member or Resigning Manager

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