## L1300000 4634

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## **COVER LETTER**

	Registration Section Division of Corporations				
SUBJE					
	(Name of Limited Liability Company)				
The enc	losed member, resignation or dissoci	ation and fee(s	) are submitted for filing.		
Please re	eturn all correspondence concerning	this matter to:			
MIRIAN	M G. RUIZ				
	(Contact Person)		_		
MIRIM	AR REAL ESTATE & INVESTME	NTS LLC			
	(Firm/Company)		_		
618 SV	V 3RD STREET, SUITE #150				
	(Address)		-		
CAPE	CORAL, FL 33991				
	(City/State and Zip Code)		_		
For furtl	her information concerning this matte	er, please call:			
MIRIAN	M G. RUIZ	239	292-4018		
	(Name of Contact Person)	_ `	& Daytime Telephone Number)		
	d please find a check made payable to Filing Fee		Pepartment of State for: Fee & Certified Copy		
	T/COURIER ADDRESS:		MAILING ADDRESS:		
_	ition Section r of Corporations		Registration Section Division of Corporations		
Clifton I			P.O. Box 6327		
2661 Ex	recutive Center Circle see, Florida 32301		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)

	limited liability company as it	appears on the records of the Florida Department
2. The Florida doc L1300000463	· ·	gned to this limited liability company is
4. I. JORGE IVE	L FLORES	ned or will withdraw/resign is: 10/01/2019, hereby withdraw/resign as a
of this limited lia resignation in wr		imited liability company has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	.e