

L13000041275

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 10 2015

J SHIVERS



June 2, 2015

Florida Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Dissociation or Resignation of Member, Manager from Florida or
Foreign Limited Liability Company

Please find enclosed the Dissociation or Resignation of Member, Manager from Florida or Foreign Limited Liability Company forms signed by Alberto Galante for filing. Also enclosed is a firm check made payable to the Florida Department of State for a total of \$990; this total constitutes the \$25 filing fee for the 18 entities, plus \$35 for Certified Copies of the filed documents, along with a self-addressed return envelope for the copies.

Please do not hesitate to contact our office at 210-299-1300 should you have any questions or concerns. You may also email me at karen@davila-nelson.com.

Regards,

Karen Guenther, Attorney
karen@davila-nelson.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LT Arlen House, 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:

Karen Guenther

(Contact Person)

Davila & Associates

(Firm/Company)

5710 IH-10 West

(Address)

San Antonio, Texas 78201

(City/State and Zip Code)

For further information concerning this matter, please call:

Karen Guenther

(Name of Contact Person)

at (210) 299-1300
(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

MAILING ADDRESS:

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



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: LT ARLEN HOUSE LLC
2. The Florida document/registration number assigned to this limited liability company is: 113000041235
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 05/18/2015
4. I, Alberto Galante, hereby withdraw/resign as a
(Print Name of Person Resigning)
Manager
(Print Title)

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


Signature of Dissociating Member or Resigning Manager

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

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TALLAHASSEE, FLORIDA