13000064507

. (Po	questor's Name)		
, (Re	equestors (varie)		
(Ad	dress)		
(Ad	dress)	-	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL	
	siness Entity Name)		
(50	isiness Entry Name,		
(Do	ocument Number)		
Certified Copies Certificates of Status			
Special Instructions to	Filing Officer:		
Special Instructions to Filing Officer:			
<u> </u>			





600314475626

06/13/16--01/16/-017 **25/17

2916 JW 12 A 8: 03

COVER LETTER

Division of Corporations BATTERSEA WOODS, LLC SUBJECT: (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: **GUSTAVO DERIBEAUX** (Contact Person) (Firm/Company) 4904 SW 72 AVENUE (Address) MIAMI, FL 33155 တွ (City/State and Zip Code) 0 For further information concerning this matter, please call: SALOME GONZALEZ 305 446-7990 EXT. 206 (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: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301

TO:

Registration Section



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	s it appears on the records of th	ne Florida Department	
of State is: BATTERSEA WOODS, LLC				
2. The Florida doc	ument/registration number a	ssigned to this limited liability	company is:	
L13000064507			0.7	
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign	is:	
4. I. CARLOS SOSA (Print Name of Person Resigning)		, hereby withdraw/resign	, hereby withdraw/resign as a	
(Print)	Name of Person Resigning)			
MANAGER				
	(Print Title)			
of this limited lia resignation in wi		he limited liability company ha	as been notified of my	
Oa	en & Sout	· ·		
Signature of D	issociating Member or Resig	gning Manager		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			