L13000079174

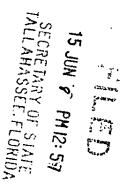
(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



600273649466

06/08/15--01051--001 **990.00



JUN 1 0 2015 J SHIVERS

COVER LETTER

	sistration Section ision of Corporations			
SUBJECT	LT LAUDERDALE LAKES	S, LLC		
	(Name of I	Limited Liability Comp	any)	
The enclose	ed member, resignation or diss	ociation and fee(s)	are submitted for filing.	
Please retur	rn all correspondence concerni	ng this matter to:		
Karen Gu	enther			
	(Contact Person)			
Davila & A	Associates			
	(Firm/Company)			
5710 IH-1	0 West			
	(Address)			
San Antor	nio, Texas 78201			
	(City/State and Zip Code)			
For further	information concerning this m	atter, please call:		
Karen Gu	enther	210 at ()	299-1300	
	Name of Contact Person)	(Area Code &	Daytime Telephone Number)	
Enclosed pl	lease find a check made payab		partment of State for: Fee & Certified Copy	
	COURIER ADDRESS:		MAILING ADDRESS:	
			Registration Section	
Clifton Bui	Corporations	orations Division of Corporations P.O. Box 6327		
	itive Center Circle		Tallahassee, Florida 32314	

CR2E079 (2/14)

Tallahassee, Florida 32301



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	. The name of the limited liability company as it appears on the records of the Florida Department					
of State is:	LAUDERDALE LAKES LLC	2	·			
	-	signed to this limited liability con	pany is:			
L1300007917	74 	·				
3. The date this m	ember/manager withdrew/resi	gned or will withdraw/resign is:	05/18/2015			
. I, Alberto Galante , hereby withdraw/resign as a (Print Name of Person Resigning)			1			
(Print)	Name of Person Resigning)	,				
Manager			⊼ _S			
	(Print Title)		15 (ECR			
of this limited li- resignation in w		e limited liability company has be	ANY SEE			
	galant		ED PM 12: 59 OF STATE FLORID			
Signature of D	issociating Member or Resign	ning Manager	: 59 IATE ORIDA			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					