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(Re	equestor's Name)		
(Address)			
(Address)			
	ty/State/Zip/Phon	e #0	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
	·		
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·	
Certified Copies Certificates of Status			
	_5		
Special Instructions to Filing Officer:			

Office Use Only



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OCT 1 0 2013

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LLCC" L.L.C'

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ARLEXIS URBANO

(Contact Person)

LLCC" L.L.C"

(Firm/Company)

2722 HERONS LANDING DR

(Address)

KISSIMMEE/FL 34741

(City/State and Zip Code)

For further information concerning this matter, please call:

ARLEXIS URBANO

, 407 .

7293917

(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:

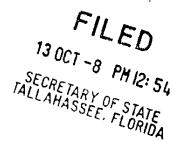
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

CR2E079 (5/06)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the of State is: LLC		it appears on the records of the Florida Department
2. This limited liab	oility company was organized	under the laws of:
3. The Florida doc L13000098		this limited liability company is:
4. I, ARLEXIS URBANO		, hereby resign as a MANAGING MEMBER
(Print Name of Person Resigning)		(Print Title)
resignation in wr		e limited liability company has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	ember of Manager