L13000114338

(Re	questor's Name)	<u> </u>			
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copiès	_ Certificates	of Status			
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000257463630

resignation of

03/23/15--01025--015 **125.00



4/1/15

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Rhino Las Olas Li (Name of Limited Liability Comp	Oany)				
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to:					
Charles L Juffee (Contact Person)					
(Firm/Company) CHARLES JA 7301A W. PALME SUITE 3 (Address) BOCA RATON	TTO PARK RD 105C				
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Charles L Juffee at (50) (Name of Contact Person) (Area Code &	& Daytime Telephone Number)				
Enclosed please find a check made payable to the Florida Department of State for: \$\sim\$ \$\\$25 \text{ Filing Fee} \square \\$55 \text{ Filing Fee & Certified Copy}\$					
Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				

CR2E079 (2/14)



FILED 2015 MAR 23 PM 4: 50

FLORIDA DEPARTMENT OF STATEMASSEE, FLORIDA DIVISION OF CORPORA DIV

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 liabil	ity company	as it appears o	n the records of the Florida Department
of State is:	pino	Las	0195	LLC
2. The Florida docu	ıment/registra	ation number	assigned to th	is limited liability company is:
<u>L1300</u>	<u> 2871100</u>	8	·	
3. The date this me	mber/manage	r withdrew/r	esigned or wil	l withdraw/resign is:
4. I, Attan (Print N	C Or	CKUS Resigning)	, hereb	y withdraw/resign as a
Mana	(Print Title)	Jember	<i>(</i>	
of this limited lia resignation in wr		y and affirm	the limited lia	bility company has been notified of my
Signature of Di	ssociating Me	ember or Res	signing Manag	er
Filing Fee: Certified Copy:	\$25.00 (R \$30.00 (O	. /		

CR2E079 (2/14)