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COVER LETTER

Division of Corporations 5605 NW 112TH PATH 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: Doner Garcia (Contact Person) (Firm/Company) 9240 SW 72nd Street, Unit 205 (Address) Miami, FI 33173 (City/State and Zip Code) For further information concerning this matter, please call: Doner Garcia 752-9861 786 at (_ (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 2661 Executive Center Circle Tallahassee, Florida 32314

CR2E079 (2/14)

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)

560	limited liability company as 5 NW 112TH PATH LLC		-
2. The Florida doc L1300012792	ument/registration number as	ssigned to this limited liabili	
Doner Garci			
(Print N Manager	lame of Person Resigning)	,	
of this limited lia resignation in wr	(Print Title) bility company and affirm thitting.	e limited liability company	has been notified of my
Signature of D	ssociating Member or Resign	ning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		