L14000037235

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
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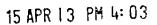
DIVISION OF CONTROL OF STATE

CV,55

COVER LETTER

	gistration Section vision of Corporations				
SUBJEC	The Perfect Land, LLC				
		(Name of Limited Liability Company)			
The enclo	sed member, resignation or diss	ociation and fee(s	are submitted for filing.		
Please reti	urn all correspondence concerni	ng this matter to:			
Milton Fu	uentes				
,,,	(Contact Person)		-		
M. Fuent	es & Co.				
	(Firm/Company)		-		
P.O. Box	431725				
	(Address)		-		
Miami, F	lorida 33243				
	(City/State and Zip Code)		-		
For furthe	r information concerning this m	natter, please call:			
Milton Fu	uentes	305	447-1960		
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)		
Enclosed	please find a check made payab ing Fee		Pepartment of State for: Fee & Certified Copy		
	COURIER ADDRESS:		MAILING ADDRESS: Registration Section		
Division of	of Corporations		Division of Corporations		
Clifton Bu	uilding cutive Center Circle		P.O. Box 6327		
	ee, Florida 32301		Tallahassee, Florida 32314		

CR2E079 (2/14)





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)

	limited liability company as it appears on the records of the Florida Department Perfect Land, LLC
2. The Florida doc L1400003723	ument/registration number assigned to this limited liability company is: 5
Daniel Teran	ember/manager withdrew/resigned or will withdraw/resign is: 02/27/2015 hereby withdraw/resign as a state of Person Resigning)
(Print N Manager	iame of Person Resigning)
<u> </u>	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)