

L14000037671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

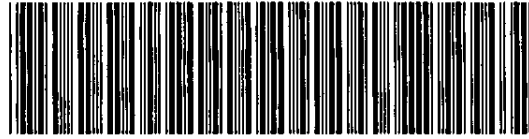
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SEP 08 2015
- 11:11 AM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LATIN HOUSE PINES,LLC
(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:

GERALD FORMAN
(Contact Person)

(Firm/Company)

113 W. BAYRIDGE DR.
(Address)

WESTON, FL 33326
(City/State and Zip Code)

For further information concerning this matter, please call:

GERALD FORMAN at (954) 384 2688
(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 limited liability company as it appears on the records of the Florida Department of State is: LATIN HOUSE PINES, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L14000037671

3. The date this member/manager withdrew/resigned or will withdraw/resign is: AUG. 26, 2015

4. I, KITT-CHANCE MARCELLUS, hereby withdraw/resign as a
(Print Name of Person Resigning)

MEMBER/MANAGER

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

X *[Signature]*
Signature of Dissociating Member or Resigning Manager

SECRETARY OF STATE
TALAHASSEE, FLORIDA

2015 SEP -4 P 12:30

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Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)