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TO: Registration	Section		
Division of 0	Corporations		
SUBJECT: Lake	Ivanhoe Properties, L	LC	
	(Name of Lir	nited Liability Cor	mpany)
The enclosed memb	er, resignation or dissoc	ciation and fee(s	s) are submitted for filing.
Please return all cor	respondence concerning	g this matter to:	
Chris Stephens			
	(Contact Person)	.	_
Stephens Barrios			
	(Firm/Company)		_
605 Delaney Aver	nue, Suite C		
	(Address)		_
Orlando, FL 3280)1		
•	(City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·	
For further informat	ion concerning this mat	ter, please call:	
Chris Stephens		407 at (491-5153
(Name of	Contact Person)	`	& Daytime Telephone Number)
Enclosed please find \$25 Filing Fee	d a check made payable		Department of State for: g Fee & Certified Copy
STREET/COURIE			MAILING ADDRESS:
Registration Section Division of Corpora			Registration Section Division of Corporations
Clifton Building			P.O. Box 6327
2661 Executive Cer Tallahassee, Florida			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)

	e limited liability company as it appears on the se Ivanhoe Properties, LLC	records of the Florida Department
2. The Florida docu L1400007986	cument/registration number assigned to this lim	ited liability company is:
3. The date this me	ember/manager withdrew/resigned or will with	draw/resign is:
4. I. Carlos A Ba	arrios, hereby with	ndraw/resign as \$200
(Print N	Name of Person Resigning)	NO V
Manager		12 12 12
	(Print Title)	
of this limited lia resignation in wr	ability company and affirm the limited liability riting.	company has been notified of my
<u> </u>		
Signature of Di	issociating Member or Resigning Manager	
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	