LIHOOIZHOIT

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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COVER LETTER

Registration Section
Division of Corporations

TO:

| SUBJECT: LA RUTA 75 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: | | | | | | |
| HErnzu D. Hogys (Contact Person) | | | | | | |
| LA RUTA 75 LLC (Firm/Company) | | | | | | |
| 8200 West 33 AUQ #3 | | | | | | |
| HIA(Es 4 St. 33018 (City/State and Zip Code) | | | | | | |
| For further information concerning this matter, please call: | | | | | | |
| Harna D. Hoyos at (786) 301.10 24 (Name of Contact Person) (Area Code & Daytime Telephone Number | т) | | | | | |
| Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy | | | | | | |
| STREET/COURIER ADDRESS: MAILING ADDRESS: | | | | | | |

Registration Section Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

CR2E079 (2/14)

Registration Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 16, 2017

HYMAN D. HOYOS LA RUTA 75 LLC 8200 WEST 33 AVENUE #3 HIALEAH, FL 33018

SUBJECT: LA RUTA 75 LLC Ref. Number: L14000124017

We have received your document for LA RUTA 75 LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The form submitted is for a corporation NOT an LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

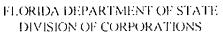
If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 217A00012288

Nanette Causseaux Regulatory Specialist II Supervisor

www.sunbiz.org







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 co | mpany as it ap | pears on the records of the Florida Department | | | |
|---|------------------------------------|------------------|--|--|--|--|
| of State is: | A Ruth | a 75 | 110 | | | |
| 2. The Florida docu | iment/registration i | number assigne | ed to this limited liability company is: | | | |
| <u>L 1</u> | 400012 | 4017 | | | | |
| 3. The date this me | mber/manager witl | hdrew/resigned | for will withdraw/resign is: $6 - 6 - 17$ | | | |
| 4. 1. #/OV | une of Person Resigni | Hoyos ingi | , hereby withdraw/resign as a | | | |
| <u> </u> | (SI deut | <u> </u> | | | | |
| of this limited lial resignation in wr | , , | l affirm the lim | ited liability company has been notified of my | | | |
| | SKM | | | | | |
| Signature of Di | ssociating Member | r or Resigning | Manager | | | |
| | | | | | | |
| Filing Fee: | | | | | | |
| Certified Copy: | Certified Copy: \$30.00 (Optional) | | | | | |