14000137003

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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TALLAHASSEE FLORIO;

2018 JUN -7 AM 9:

COVER LETTER

TO: Registration Section

CR2E079 (2/14)

Divis	sion of Corporations		
SUBJECT:	Le Sommet		
	(Name of Limited Liability Company)		
The enclosed	I member, resignation or dis-	sociation and fee(s) are submitted for filing.
Please return	all correspondence concern	ing this matter to:	
George Mu	indy		
	(Contact Person)		-
Le Somme	t		
	(Firm/Company)		_
3810 SW 1	65 Avenue		
	(Address)		_
Miramar, F	L 33027		
	(City/State and Zip Code)		-
For further in	nformation concerning this n	natter, please call:	
George Mu	ındy	at (626-234-3133
(N	lame of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed ple \$25 Filing	ease find a check made payab g Fee		Department of State for: Fee & Certified Copy
	OURIER ADDRESS:		MAILING ADDRESS:
Registration			Registration Section Division of Corporations
Division of Clifton Build			P.O. Box 6327
	ive Center Circle		Tallahassee, Florida 32314
	Florida 32301		rananasso, riorida 52517



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)

The name of the limited liability company as of State is: Le Sommet	it appears on the records of the Florida Department
2. The Florida document/registration number as L14000137003	signed to this limited liability company is:
3. The date this member/manager withdrew/resi	igned or will withdraw/resign is:
4. 1, Gisela R. Gil Guerra (Print Name of Person Resigning)	, hereby withdraw/resign as a
Manager	
of this limited liability company and affirm the resignation in writing. Signature of Dissociating Member or Resign	e limited liability company has been actified of my
Filing Fee: \$25.00 (Required)	

Certified Copy:

\$30.00 (Optional)