# 14000 61 623

(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:

Office Use Only



700334358467

 $(\mathcal{A}_{\mathcal{A}}^{(n)}, \mathcal{A}_{\mathcal{A}}^{(n)}, \mathcal{A}_{\mathcal{A}}^{(n)}, \mathcal{A}_{\mathcal{A}}^{(n)}, \mathcal{A}_{\mathcal{A}}^{(n)}) = (\mathcal{A}_{\mathcal{A}}^{(n)}, \mathcal{A}_{\mathcal{A}}^{(n)}, \mathcal{A}_{\mathcal{A}}^{(n)}, \mathcal{A}_{\mathcal{A}}^{(n)})$ 

19 SEP 26 AM 8: 44.

OUT 19 973

T SOUP OFFI

#### **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: LIHC PR, LLC				
(Name of Limi	ted Liability Cor	npany)		
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.				
Please return all correspondence concerning t	his matter to:			
FRED AARONS				
(Contact Person)		-		
STATETRUST				
(Firm/Company)		-		
1750 Clint Moore Rd				
(Address)		_		
Boca Raton, FL 33487				
(City/State and Zip Code)	<u>-</u>	-		
For further information concerning this matte	r, please call:			
Fred Aarons	305 at (	921-8101		
(Name of Contact Person)		& Daytime Telephone Number)		
Enclosed please find a check made payable to \$25 Filing Fee		epartment of State for: 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



### 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 of State is:	C PR, LLC	s it appears on the records of the l	Florida Department
2. The Florida doc L1400015762		assigned to this limited liability co	ompany is:
DAVID VUR	GAIT	signed or will withdraw/resign is:, hereby withdraw/resign as	
MANAGER	iame of Person Resigning) (Print Title)		
of this limited lia resignation in wr	bility company and affirm thiting.	ne limited liability company has b	een notified of my
Filing Fee:	ssociating Member or Resig \$25.00 (Required) \$30.00 (Optional)	ming Manager	FILED SP26 AH 8