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SECRETARY OF STATE DIVISION OF COMPORATION

Blomsh, 15

COVER LETTER

Division of Corporations			
SUBJECT: Lantana Investment 26 LLC			
	ted Liability Company)		
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.		
Please return all correspondence concerning	this matter to:		
John Laoui	·		
(Contact Person)			
(Firm/Company)	···		
2199 PONCE DE LEON BLVD. SUITE :	301		
(Address)			
CORAL GABLES, FL 33134			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
John Laoui	954 905-5655		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: \$\square\$ \$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		

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)

1. The name of the	limited liability company a	as it appears on the records of the Florida Department
of State is: LAN	TANA INVESTMENT 26	SLLC
2. The Florida docu	ument/registration number	assigned to this limited liability company is:
L1400017340	3	
3. The date this me	mber/manager withdrew/re	esigned or will withdraw/resign is:
4. I, (Print Name of Person Resigning)		hereby withdraw/resign as a
(Print N	lame of Person Resigning)	, noteey wandawnessga as a
Manager		
	(Print Title)	
of this limited lia resignation in wr	• • •	the limited liability company has been notified of my
Signature of D	issociating Member or Res	igning Manager
\bigcup		
	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	