L14000191995

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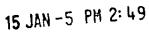
TO:

CR2E079 (2/14)

Registration Section

Division of Corporations FLORIDA HOMEGROUP REALTY 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: FADDY CAROLINA JRAISSATI (Contact Person) FLORIDA HOMEGROUP REALTY LLC (Firm/Company) 7350 FUTURES DRIVE SUITE 12-B (Address) **ORLANDO, FL 32819** (City/State and Zip Code) For further information concerning this matter, please call: **FADDY CAROLINA JRAISSATI** (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee ■ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section **Registration Section Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301







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)

	limited liability company as it appears on the records of the Florida Department PRIDA HOMEGROUP REALTY LLC
2. The Florida doc L1400019199	ument/registration number assigned to this limited liability company is:
3. The date this mo	ember/manager withdrew/resigned or will withdraw/resign is:
4. I, PABLO J. C	ABRERA TORRES, hereby withdraw/resign as a
MANAGER	
	(Print Title)
of this limited lia resignation in w	bility company and affirm the limited liability company has been notified of my iting.
Pak	popular
	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)