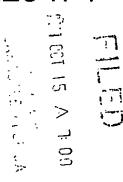
1500049291

(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

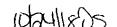


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COVER LETTER

TO: R	egistration Section				
D	vivision of Corporations				
SUBJEC	Casa de Esperanca				
	(Name of	(Name of Limited Liability Company)			
The enclo	osed member, resignation or diss	ociation and fee(s) are submitted for filing.		
Please ret	turn all correspondence concerni	ng this matter to:			
John H I	Hall		;		
	(Contact Person)		<u> </u>		
Casa de	Esperanca		. .		
	(Firm/Company)		—		
3635 Ph	easant Hill Drive				
	(Address)				
Allentow	n Pa, 18104				
	(City/State and Zip Code)				
For furth	er information concerning this m	atter, please call	:		
John H i	Hall	610 at (248-2020		
	(Name of Contact Person)		e & Daytime Telephone Number)		
Enclosed \$25 Fi	please find a check made payab ling Fee		Department of State for: g Fee & Certified Copy		
	COURIER ADDRESS:		MAILING ADDRESS:		
-	ion Section of Corporations		Registration Section Division of Corporations		
Clifton B	•		P.O. Box 6327		
	ecutive Center Circle		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)

			<u> </u>
1. The name of the	limited liability company as	s it appears on the records of the Fl	orida Department
Casi	a de Esperanca		
or state is.			<u> </u>
2. The Florida doci	ument/registration number a	ssigned to this limited liability con	npany is: 🥏
L1500004929		<u>.</u> .	٠, ٠
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign is: _	
Alon T. Hall		harahy withdraw/racium ac	
(Print N	fame of Person Resigning)	, hereby withdraw/resign as a	1
Manager and			
	(Print Title)		
of this limited lia resignation in wr		he limited liability company has be	en notified of my
Alon	J. Wall		
Signature of D	issociating Member or Resig	gning Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		