L15000056247

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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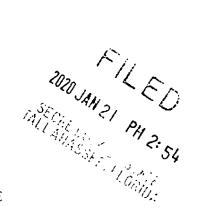
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COVER LETTER

CUDIFOT.	CASANOVA ONE COMPANY LLC (Name of Limited Liability Company)			
SUBJECT:				
The enclosed member	er, resignation or disso	ociation and fee(s	are submitted for filing.	
Please return all corr	respondence concernir	g this matter to:		
GII	LBERTO CASANOVA			
(Contact Person)			_	
CASANC	OVA ONE COMPANY LI	C		
	(Firm/Company)	·····	-	
1.	409 SW 152ND PL			
	(Address)		-	
	MIAMI FL 33194			
(City/State and Zip Code)			-	
For further information	ion concerning this ma	tter, please call:		
ERNESTO LLERANDI		954 at (559-1304	
(Name of C	Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclosed please find	l a check made payable	e to the Florida D	Department of State for:	
■ \$25 Filing Fee		□ \$55 Filing	Fee & Certified Copy	
Mailing Addres			Street Address:	
Registration Division of C			Registration Section Division of Corporations	
P.O. Box 632			The Centre of Tallahassee	
Tallahassee.			2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303	





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
of State is:		
2. The Florida doci	ument/registration number assi	gned to this limited liability company is:
3. The date this me	ember/manager withdrew/resig	ned or will withdraw/resign is:
4. IERN	ESTO R LLERANDI	, hereby withdraw/resign as a
(Print N	'ame of Person Resigning)	, hereby withdraw/resign as a
	AMBR	
	(Print Title)	
of this limited lia resignation in wr		limited liability company has been notified of my
Signature of Di	issociating Member or Resigni	ng Manager
Filing Fee:	\$25.00 (Required)	
_	\$30.00 (Ontional)	