

U5000059641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

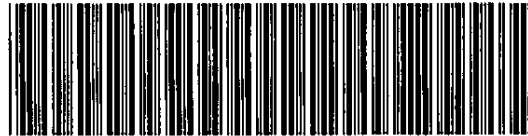
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 20 2015
S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Haus Finance LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cesar A. Clavero, CPA

Name of Person

STRIX Partners LLC

Firm/Company

1234 South Dixie Highway, Suite #329

Address

Coral Gables, Florida 33146

City/State and Zip Code

cclavero@strixpartners.com

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Cesar A. Clavero, CPA

305 490-0005
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Haus Finance LLC

2. The Florida document/registration number assigned to this limited liability company is: L15000059641

3. The date this member/manager withdrew/resigned or will withdraw/resign is: May 9, 2015

4. I, Domus Nostra Resources, Inc, hereby withdraw/resign as a
(Print Name of Person Resigning)

Manager and as a Member

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

MARCELO FRANCO, PRESIDENT

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

CESAR A. CLAVERO
1234 S DIXIE HWY., # 329
CORAL GABLES, FL 33146-2902

63-8413 298
2670

157

DATE Nov 11 2016

PAY TO THE
ORDER OF

Florida Dept of State
Twenty five 00/100 \$ 25.00

DOLLARS

CHASE

JPMorgan Chase Bank, N.A.
www.Chase.com

MEMO

Trans Union [Signature]

⑆267084131⑆

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