L15000 124145

	(Requestor's Name)	_		
(Address)				
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UP	P WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status	_		
Special Instructions to Filing Officer:				
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: IPSO FACTO REAL	TY, LLC
	me of Limited Liability Company)
The enclosed member, resignation o	r dissociation and fee(s) are submitted for filing.
Please return all correspondence cor	ncerning this matter to:
Luis Eugenio Davila	
(Contact Person)	
Regal Tax and Business Solution	ns
(Firm/Company)	
1200 NW 78th Avenue, STE 300	
(Address)	
Doral, FL 33126	
(City/State and Zip Co	ode)
For further information concerning t	this matter, please call:
Luis E Davila	305 603-8310
(Name of Contact Person)	(Area Code & Daytime Telephone Number)



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 a of State is: IPSO FACTO REALTY, LLC	appears on the records of the Flo	rida Department
2. The Florida document/registration number assign L15000128145	ned to this limited liability com	pany is:
3. The date this member/manager withdrew/resigned	ed or will withdraw/resign is:	0/31/2015 3
4. I, (Print Name of Person Resigning) Manager Member - MGRM	, nereby withdraw/resign as a	17 18 € C
(Print Title) of this limited liability company and affirm the litresignation in writing.	imited liability company has bee	n notified of my
Signature of Dissociating Member or Resigning	 g Manager	