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(Re	questor's Name)					
(Ad	dress)					
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(Cit	y/State/Zip/Phone	#)				
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COVER LETTER

TO:	_	stration Section sion of Corporations		
	LAIVE	sion of Corporations		
SUBJI	ECT:	HONDU-BUILD INVESTMEN	NTS, LLC	
		(Name of Limi	ted Liability Co	mpany)
The er	nelosed	d member, resignation or dissocia	ition and fee(s) are submitted for filing,
Please	e return	i all correspondence concerning t	his matter to:	
Julio	Gutier	rrez		
	· · · · · · · · · · · · · · · · · · ·	(Contact Person)		_
Law (Office	of Julio Gutierrez, PA		
		(Firm/Company)	<u> </u>	
2464	SW 1	37 Avenue		
		(Address)		_
Miam	ii, FL 3	33175		
		(City/State and Zip Code)		_
For fu	rther is	nformation concerning this matte	r, please call:	
Julio	Gutier	rrez	305	325-8600
	(N	fame of Contact Person)	(Area Code	& Daytime Telephone Number)
	sed ple 5 Filing	case find a check made payable to g Fee		Department of State for: g Fee & Certified Copy
		OURIER ADDRESS:		MAILING ADDRESS:
_		Section Corporations		Registration Section Division of Corporations
	n Build	•		P.O. Box 6327
		ive Center Circle		Tallahassee, Florida 32314
Tallah	assee.	Florida 32301		

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)

	limited liability company a		cords of the Flo	orida Depai	rtment
2. The Florida docu L1500013934	ument/registration number a	nssigned to this limite	ed liability comp	pany is:	
	mber/manager withdrew/re. ANDONIE INVESTMENTS Tame of Person Resigning)			2/11/2 0 19 ———	}
	ame of Person Resigning)	·	C		
Manager					
	(Print Tide)				
of this limited lial resignation in wr	bility company and affirm thing.	he limited liability co	impany has beei	n notified (of my
Signature of Di	ssociating Member or Resig	gning Manager			
_	\$25.00 (Required) \$30.00 (Optional)		ı	SECRLIARY LA	2019 55 1