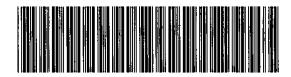
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SCORETARY OF STATE

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COVER LÈTTER

TO: Registration Section Division of Corporations
SUBJECT: Cornerstan Communities & Investments LLC. (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Michael Saviano Denny Saviano (Contact Person)
Cornerstana Communitios & Investments (Firm/Company)
1019 79 15 Street South (Address)
51. Peterskury F1 33707 (City/State and Zip Code)
For further information concerning this matter, please call:
Michoel Saviano at (305) 304.6255 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: MAILING ADDRESS:

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

CR2E079 (2/14)

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, Florida 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)

	limited liability con					artment
of State is:	Cornerations	Communi	his of Inc	icstments L	Ές.	
	ument/registration n	J	d to this limi	ted liability cor	npany is:	
3. The date this me	mber/manager with	drew/resigned	or will withd	lraw/resign is:	12.1.	5. 2016
4. I, Michael Saviano, her (Print Name of Person Resigning)		hereby withdraw/resign as a				
AMBR /	Member /	1 Officer				
of this limited lial resignation in wr	_	affirm the limi	,		en notified	d of my
Signature of Di	ssociating Member	or Resigning N	/anager	<u> a</u> viano		
Filing Fee: Certified Copy:	\$25.00 (Require \$30.00 (Optiona	d) ıl)		THAT SEE F	2018 FIE ' 9 P	-FILED
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