## L15000164567

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## **COVER LETTER**

Registration Section

**Division of Corporations** 

TO:

CR2E079 (2/14)

SANTA BARBARA LLC. **SUBJECT:** (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: LAURA COLL (Contact Person) (Firm/Company) 13499 BISCAYNE BLVD #1510 (Address) NORTH MIAMI, FL. 33181 (City/State and Zip Code) For further information concerning this matter, please call: LAURA COLL (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee ■ \$55 Filing Fee & Certified Copy **MAILING ADDRESS:** STREET/COURIER ADDRESS: Registration Section **Registration Section Division of Corporations Division of Corporations Clifton Building** P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 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)

	nited liability company as i	t appears on the records of the Florid	a Department	
2. The Florida docum L15000164567	ent/registration number ass	igned to this limited liability compan	15 OCT	3.1
3. The date this memb	ocr/manager withdrew/resig	med or will withdraw/resign is:	123015	į
MACTING OCL	(ALDO M		PH	1
(Print Nam	e of Person Resigning)	, hereby withdraw/resign as a	PM I2: 24 OF STATE E. FLORIE	•
MGR			24 75 75	
(Pr	int Title)		<b>1</b>	
resignation in writing		limited liability company has been n	otified of my	
Filing Fee: Certified Copy:	· · · · · · · · · · · · · · · · · · ·			

CR2E079 (2/14)