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COVER LETTER

TO:	Registration Section
	Division of Corporations

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:

rease return an correspondence concerning this matter to.	
Jesos A.De Lean	
(Contact Person)	
De Lan Colonary Controls 1/2	
1659 S. + CLAWASSE RA. ONL- (Address)	!
(City/State and Zin Code)	**************************************
For further information concerning this matter, please call:	
Jesus Adeleen at (407) 535 933895	
(Name of Contact Person) (Area Code & Daytime Telephone Numbe	r)

Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \\$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)

MAILING ADDRESS:

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



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 app	pears on the r	ecords of the F	lorida Department
of State is:	De Leon	Colonar	y Cre	200 Years	<u> </u>
2. The Florida doc		on number assigne	ed to this limit	ted liabil时。cor CCRET	15 007
3. The date this me	ember/manager w	vithdrew/resigned	or will withd	lraw/resignais	10/22
4. I, Ses S (Print N	1- De Lee Jame of Person Resi	coning)	, hereby with	draw/resign as	a D G
range	12_	·			C
	bility company a	nd affirm the limi	ited liability c	ompany has be	een notified of my
J- 116		>			
Signature of Di	ssociating Memb	per or Resigning N	Manager	All	aller
Filing Fee:	\$25.00 (Requ	iired)		MY CC	E ELIZABETH CANTAYA MMMISSION DEF 212908
Certified Copy:	\$30.00 (Option	onal)		EXPI Bonded TI	RES: March 23, 2019 Tru Notary Public Underwriters