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Special Instructions	s to Filing Officer:
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COVER LETTER

TO:	_	tration Sec					
	Divis	ion of Corp	porations				
SUBJEC	ECT:	Leo 43 H	oldings, LLC				
			(Name of Limited Liability Company)				
The er	nclosed	l member, r	esignation or dissociati	on and fee(s) are submitted for filing.		
Please	return	all corresp	ondence concerning thi	s matter to:			
Errol	A. Pol	anco					
		((ontact Person)		_		
		(F	irn/Company)		-		
441 S	SW 551	th Terrace					
			(Address)		_		
Planta	ation, i	FL 33317					
		(City/	State and Zip Code)		_		
For fu	rther in	nformation	concerning this matter,	please call:			
Errol	A. Pol	anco	. a	954 t (662-3257		
	(N	ame of Cont	act Person)	(Area Code	& Daytime Telephone Number)		
	sed ple 5 Filing				Ocpartment of State for: 3 Fee & Certified Copy		
STRE	ET/C	OURIER A	DDRESS:		MAILING ADDRESS:		
_		Section	 		Registration Section		
	on or C n Build	Corporation ling			Division of Corporations P.O. Box 6327		
2661 E	Executi	ive Center (Tallahassee, Florida 32314		
Tallah	iassee.	Florida 323	01				

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)

1. The name of the	: limited liabilit	y company as it appears on the records of the Florida Department
of State is:	ida	17 8 7
2. The Florida doc L1500018884	•	ion number assigned to this limited liability company is:
3. The date this me	ember/manager	withdrew/resigned or will withdraw/resign is: 11/13/176 - 2
4. I.	inco	hereby withdraw/resign as a
(Print)	Name of Person Re	rsigning)
Manager		
	(Print Title)	·
of this limited lia resignation in w		and affirm the limited liability company has been notified of my
Signature of D	issociating Mer	mber or Resigning Manager
/	. ,	
Filing Fee:	\$25.00 (Re	quired)
Certified Conv.	\$30 00 (On	ational)