L160000 16158

(Requestor's Name)				
(Address)				
, ,				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Cashicas Litaly Hallis)				
(Document Number)				
Certified Copies Certificates of Status				
[a				
Special Instructions to Filing Officer:				
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Office Use Only



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04/30/18--01045--027 **25.00



COVER LETTER

TO:	Registration Section		
	Division of Corporations		
SUBJ	8634 NW 114TH COURT	LLC	
	(Name of	Limited Liability Corr	ipany)
The e	nclosed member, resignation or diss	sociation and fee(s)) are submitted for filing.
Please	e return all correspondence concerni	ing this matter to:	
Done	er Garcia		
	(Contact Person)		-
	(Finn/Company)		-
9240	SW 72nd Street, Unit 205		
	(Address)		-
Mian	ni, Fl 33173		
	(City/State and Zip Code)		-
For fu	orther information concerning this m	natter, please call:	
Done	er Garcia	786 at (752-9861
	(Name of Contact Person)		& Daytime Telephone Number)
_	sed please find a check made payab 5 Filing Fee		epartment of State for: Fee & Certified Copy
crnf	CET/COUDIED ADDRESS		MAN ING ABBRESS
STREET/COURIER ADDRESS: Registration Section			MAILING ADDRESS: Registration Section
_	ion of Corporations		Division of Corporations
	n Building		P.O. Box 6327
	Executive Center Circle		Tallahassee, Florida 32314

CR2E079 (2/14)

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)

863	limited liability company a 4 NW 114TH COURT LLC	
2. The Florida doc L1600001615	-	assigned to this limited liability company is:
Doner Garci	a	signed or will withdraw/resign is: , hereby withdraw/resign as a
(Print N Manager	lame of Person Resigning)	, hereby withdraw/resign as a , so
of this limited lia resignation in wr		he limited liability company has been notified of my
Signature of D	issociating Member or Resi	gning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	