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(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
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COVER LETTER

TO: Registration Section		
Division of Corporations		
SUEGNO 635 LLC		
SUBJECT:		
(Name of Limited Liability Company)		
The enclosed member, resignation or disso	ociation and fee(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to:	
GIUSTI VINCENZO		
(Contact Person)		
LFC INVESTMENTS LLC		
(Firm/Company)	THE PARTY OF THE P	
14958 SW 22 STREET		
(Address)		
MIAMI FL 33185		
(City/State and Zip Code)		
For further information concerning this ma	tter, please call:	
GIUSTI VINCENZO		
	at (305) 308-6294	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable ☐ \$25 Filing Fee	e to the Florida Department of State for: xl \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	

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 liability company as	it appears on the records of the Florida Department
of State is:SUEGNO 635 LLC	·
2. The Florida document/registration number as	signed to this limited liability company is:
3. The date this member/manager withdrew/resi	igned or will withdraw/resign is:
4. I, (Print Name of Person Resigning) AMBR	, hereby withdraw/resign as a
(Print Title)	
of this limited liability company and affirm the resignation in writing.	e limited liability company has been notified of my
Signature of Dissociating Member or Resig	RETARY AHASSE
	PH 12: 51 OF STATE E. FLORI