

11/28/2018

Division of Corporations

46000070574

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
→ Fax Number : (850)617-6383

From:

Account Name : PROMINENT SERVICES INC  
Account Number : I20150000063  
Phone : (305)889-2880  
Fax Number : (305)889-2881

STATE OF FLORIDA  
TALLAHASSEE, FL

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: JANETD317@Yahoo.Com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
LLINA'S ALF LLC

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S. PRATHER

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LLINA'S ALF LLC

(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:

LLINY DE LA NUEZ

(Contact Person)

LLINA'S ALF LLC

(Firm/Company)

28122 SW 160TH CT

(Address)

HOMESTEAD FL 33033

(City/State and Zip Code)

For further information concerning this matter, please call:

LLINY DE LA NUEZ

(Name of Contact Person)

at (305) 910-8839  
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

CR2E079 (2/14)

H180003390493



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

H180003390493

**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: LLINA'S ALF LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L16000070574


3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/26/2018

4. I, MOISES RODRIGUEZ, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MBR

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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TALLAHASSEE, FL

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