11600007263

(Re	equestor's Name)			
(Address)				
(Address)				
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MINASSEE, FLORID

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COVER LETTER

:

. CR2E079 (2/14)

TO: Registration Section Division of Corporations	
SUBJECT: TUROWAT LLC (Name of Limited I	Liability Company)
The enclosed member, resignation or dissociation	and fce(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
JAMES S. BARTURY (Contact Person)	
TURQUAT LLC (Firm/Company)	SECRETAL ALLANDES
3890 Poinciaus Av.	
(City/State and Zip Code)	<u> </u>
For further information concerning this matter, p	lease call:
James Battley at ((Name of Contact Person)	305 490 9806 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$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



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 a	is it appears on the records	of the Florida Department
of State is:	TURQUAT LLC		*
2. The Florida docu	ıment/registration number a	assigned to this limited liab	bility company is:
_L1600	0077263	·	
3. The date this me	mber/manager withdrew/re	signed or will withdraw/re	sign is: <u>TUNE 13, 201</u>
4. 1, Acarn (Print N	1 E. Rochette Jame of Person Resigning	, hereby withdraw/re	esign as a
* MEME	SEL (Print Title)		
of this limited lial resignation in wri	bility company and affirm thiting.	he limited liability compar	ny has been notified of my
Signature of Di	ssociating Member or Resig	gning Manager	SEC SEC
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		FILED JUN 16 PM NETARY OF ST ARASSEE, PLO