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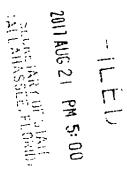
(Requestor's Name)
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PICK-UP WAIT MAIL
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K. SALY AUG 23 2017

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: PASADENA DRIVE LL	_C		
(Name o	of Limited Liability Corr	ipany)	
The enclosed member, resignation or di	issociation and fee(s) are submitted for filing.	
Please return all correspondence concer	rning this matter to:		
ISRAEL COLON		_	
(Contact Person)			
PASADENA DRIVE LLC			
(Firm/Company)		-	
23238 HARTLEY AVE		_	
(Address)			
PORT CHARLOTTE, FL 33954			
(City/State and Zip Code)		.	
For further information concerning this matter, please call:			
ISRAEL COLON	941 at (623-3756	
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclosed please find a check made paya 2 \$25 Filing Fee		repartment of State for: 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)





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)

	Elimited liability company as it appears on the records of the Florida Department SADENA DRIVE LLC
2. The Florida doc L1600015354	ument/registration number assigned to this limited liability company is:
3. The date this me	cmber/manager withdrew/resigned or will withdraw/resign is:
(Print)	hereby withdraw/resign as a warme of Person Resigning)
MANAGER —	(Print Title)
of this limited lia resignation in w	ibility company and affirm the limited liability company has been notified of my riting.
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)