L16000202195

(Re	equestor's Name)	
(Ad	Idress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	 e #)
(,,,	/
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Document Number)		
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COVER LETTER

	gistration Section vision of Corporations		
1511	islon of corporations		
SUBJECT			
	(Name of L	imited Liability Co	mpany)
The enclos	ed member, resignation or disso	ociation and fee(s) are submitted for filing.
Please retu	rn all correspondence concernir	ng this matter to:	
Yoandra Per	ez		
	(Contact Person)		_
Yaba Proper	ties LLC		
	(Firm/Company)		_
5941 NW 17	73 Drive unit 5		
	(Address)		_
Hialeah FL :	33015		
	(City/State and Zip Code)		_
For further	information concerning this ma	atter, please call:	:
yoandra Pere	27.	786	534-2601
((Name of Contact Person)	(Area Code	e & Daytime Telephone Number)
Enclosed p	blease find a check made payabl	e to the Florida!	Department of State for:
■ \$25 Fili			g Fee & Certified Copy
Ma	iling Address:		Street Address:
Re	gistration Section		Registration Section
	vision of Corporations D. Box 6327		Division of Corporations The Centre of Tallahassee
	Hahassee, FL 32314		2415 N. Monroe Street, Suite 81
1 (1)	minussee, 1 L 52517		Tallahassee, FL 32303



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SECRETARY OF STATE TALLAHASSEE, FLORE

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	imited liability company as it appears on the records of the Florida Department
of State is: Yaba	roperties LLC
2. The Florida docu L16000202195	ment/registration number assigned to this limited liability company is:
3. The date this me	nber/manager withdrew/resigned or will withdraw/resign is:
4. I. Ariel Arrate	, hereby withdraw/resign as a me of Person Resigning)
Manager	
	Print Title)
of this limited lial resignation in wr	ility company and affirm the limited liability company has been notified of my ing.
Signature of Di	sociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)