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ALLAHASSEE, FLORIDA

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## **COVER LETTER**

(Name of Limited Liability Company)	IO: Vega	Manon Scotton				
(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:  Ellery Dominguez  (Contact Person)  (Firm/Company)  4515 SE 11th Awe  (Address)  Cape Coral, Fl 33904  (City/State and Zip Code)  For further information concerning this matter, please call:  Ellery Dominguez  (Name of Contact Person)  (Area Code & Daytime Telephone Number of State for:  \$25 Filing Fee  \$25 Filing Fee  \$355 Filing Fee & Certified Copy  STREET/COURIER ADDRESS:  Registration Section  Division of Corporations Clifton Building  P.O. Box 6327  Tallahassee, Florida 322	•				į	
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Please return all correspondence concerning this matter to:  Ellery Dominguez  (Contact Person)  (Firm/Company)  4515 SE 11th Ave  (Address)  Cape Coral,Fl 33904  (City/State and Zip Code)  For further information concerning this matter, please call:  Ellery Dominguez  (Name of Contact Person)  (Area Code & Daytime Telephone Number of State for:  \$25 Filing Fee  \$25 Filing Fee \$ S55 Filing Fee & Certified Copy  STREET/COURIER ADDRESS:  Registration Section  Division of Corporations  Clifton Building  P.O. Box 6327  Tallahassee, Florida 322		(Name of I	Limited Lia	bility Com	трапу)	
(Contact Person)  (Farm/Company)  4515 SE 11th Ave  (Address)  Cape Coral,Fl 33904  (City/State and Zip Code)  For further information concerning this matter, please call:  Ellery Dominguez  (Name of Contact Person)  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 P.O. Box 6327 Tallahassee, Florida 32:	The enclosed	d member, resignation or diss	ociation a	md fee(s)	) are submitted for fili	ng.
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Cape Coral,Fl 33904  (City/State and Zip Code)  For further information concerning this matter, please call:  Ellery Dominguez  at (239 285-1343  (Area Code & Daytime Telephone Number 1998)  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  P.O. Box 6327  Tallahassee, Florida 32:	4515 SE 1	1th Ave				
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■ \$25 Filing Fee		Name of Contact Person)	(A	rea Code	& Daytime Telephone	vumber)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle  MAILING ADDRESS Registration Section Division of Corporation Division of Corporation P.O. Box 6327 Tallahassee, Florida 32:	Enclosed pl	ease find a check made payab				
Registration Section   Registration Section   Division of Corporations   Division of Corporation   Clifton Building   P.O. Box 6327   2661 Executive Center Circle   Tallahassee, Florida 32.	■ <b>\$</b> 25 Filin	g Fee	<b>□</b> \$:	55 Filing	Fee & Certified Copy	' 
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					Tallahassee, Florida	32314
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## 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)

Tropicana Holdings SW LLC  of State is:	ecords of the Florida Department
2. The Florida document/registration number assigned to this limit L16000225887	ted liability company is:
3. The date this member/manager withdrew/resigned or will withd  4. I, Alberto Lazo  (Print Name of Person Resigning)  Manager  (Print Title)  of this limited liability company and affirm the limited liability resignation in writing.	draw/resign as a
Signature of Dissociating Member or Resigning Manager  Filing Fee: \$25.00 (Required)  Certified Copy: \$30.00 (Optional)	