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COVER LETTER

Division of Corporations ADRAZ & ABREU REAL ESTATE INVESTMENTS, LLC **SUBJECT:** (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: Douglas G Adraz (Contact Person) ADRAZ & ABREU REAL ESTATE INVESTMENTS, LI (Firm/Company) 10870 Pacifica Way (Address) Parkland FL 33076 (City/State and Zip Code) For further information concerning this matter, please call: Dlouglas G Adraz 786 3996090 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy **☎** \$25 Filing Fee STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

CR2E079 (2/14)

TO:

Registration Section



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)

The name of the limited liability company as it appears on the of State is: FLORIDA		
2. The Florida document/registration number assigned to this I L16000232425	imited liability company is:	
3. The date this member/manager withdrew/resigned or will will will be a constant of the cons		
of this limited liability company and affirm the limited liability resignation in writing Signature of Dissociating Member or Resigning Manager Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	ty company has been notified of my 400 - 5 AH 11: 19	TO

CR2E079 (2(34))