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PICK-UP	☐ WAIT	MAIL			
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Certified Copies	Certified Copies Certificates of Status				
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Special Instructions to	Filing Officer:				
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D. SCOTT JAN 31 2017

## **COVER LETTER**

Tallahassee, Florida 32301

CR2E079 (2/14)

TO:	Registration Section Division of Corporations			
SUBJ	ECT: VALENCIA 4500-205,LLC			
	(Name of Lir	nited Liability Con	mpany)	
The e	nclosed member, resignation or dissoc	ciation and fee(	s) are submitted for fil	ing.
Please	e return all correspondence concerning	g this matter to:		
BEA	TRIZ HIDALGO			
	(Contact Person)		<del>_</del>	
VALI	ENCIA 4500-205,LLC			
	(Firm/Company)		<del></del>	
1083	1 NW 29 STREET			- S
	(Address)		<del></del>	聖皇卫
DOF	AL, FL 33172			FILED JM 30 P
	(City/State and Zip Code)		_	2 2
For fi	urther information concerning this man	tter, please call	:	FILED JM 30 PM 2 48 LEMISSIEM STATE
BEA	TRIZ HIDALGO	305	398-1444	
	(Name of Contact Person)		e & Daytime Telephone	Number)
	osed please find a check made payable 5 Filing Fee		Department of State for g Fee & Certified Cop	
STR	EET/COURIER ADDRESS:		MAILING ADDRI	
_	stration Section		Registration Section	
	sion of Corporations		Division of Corpora	tions
	on Building		P.O. Box 6327	20214
Z00 l	Executive Center Circle		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)

	limited liability company as ENCIA 4500-205,LLC	it appears on the records of the	Florida Department
2. The Florida doc L1700000180		ssigned to this limited liability co	ompany is:
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resign is:	01/25/2017
4. I, YUNILDA S	ABINO	, hereby withdraw/resign as	; a
MANAGER	ume ty I erson Resigning)		
	(Print Title)		
of this limited lia resignation in wr		e limited liability company has b	een notified of my
Just	Dabuel		SECULIA SECULIA F
Signature of D	issociating Member or Resig	ning Manager	M 30 M 30
	\$25.00 (Required) \$30.00 (Optional)		M 2 4