

# LI7000004256

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

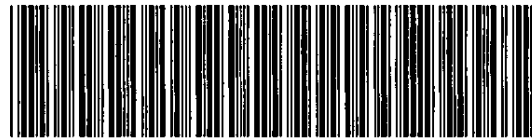
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100294501851

01/23/17--01027--020 \*\*25.00

2017 JAN 23 P 1:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

D. BRUCE  
JAN 24 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations


**SUBJECT:** PROYECTOS VALLE ARRIBA L.U & J.P, LLC  
(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:

JOSE VICENTE PINTO

(Contact Person)



(Firm/Company)

9314 PONTIAC DR

(Address)

TAMPA, FL 33626

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE VICENTE PINTO

(Name of Contact Person)

at (786) 7097241  
(Area Code & Daytime Telephone Number)

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  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

2017 JUN 23 P 1:25  
TALLAHASSEE  
FLORIDA  
STATE DEPARTMENT OF  
CORPORATIONS

FILED



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 limited liability company as it appears on the records of the Florida Department of State is: PROYECTOS VALLE ARRIBA L.U & J.P, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L17000004256

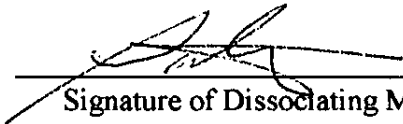
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/09/2017

4. I, PATRICIA HEUBERGER, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MGR

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

2017 JAN 23 P 1:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED