

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:	
	Division of Corporations
	Fax Number : (850)617-6383
From:	
	Account Name : VIP ACCOUNTING & BUSINESS CONSULTING , LLC
	Account Number : I2010000072
	Phone : (954)228-2410
	Fax Number : (954)228-2411

**Enter	the email address for this businessmentity to be used for future
ani	nual report mailings. Enter only one email address please.**
Em	ail Address: President@Sifer.Us

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HORIZON LINE PROPERTIES, LLC

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MAY 2 3 2017

From: Cleber Dutra

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: HORIZON LINE PROPERTIES, 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:

MARCOS MIRANDA

(Contact Person)

SIFER COMMERCIAL ALLIANCES, LLC

(Firm/Company)

6499 POWERLINE RD., SUITE 101

(Address)

FORT LAUDERDALE, FL 33309

(City/State and Zip Code)

For further information concerning this matter, please call:

MARCOS MIRANDA	786	200-7386
	_ at ()
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: \$\Box\$ \$\\$25 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

CR2E079 (2/14)

From: Cleber Dutra

Fax: (954) 228-2410

To: LLC Dissolution FL

Fax; (950) 617-6383



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:
- 2. The Florida document/registration number assigned to this limited liability company is: L17000040697
- 3. The date this member/manager withdrew/resigned or will withdraw/resign is: 02/21/2007
- 4, I, BRUNO VON BENTZEEN

, hereby withdraw/resign as a

(Print Name of Person Resigning)

MANAGER

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

AM 9:

CR2E079 (2/14)