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J. HARRIS

COVER LETTER TO: Registration Section Division of Corporations Glunia Casrillo Management Rent (Name of Limited Liability Ompany) SUBJECT: The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: blonin (astillo ManagementRentLLC JUNIA (Firm/Company) 5610 SW 93 d Au 1 33173

(City/State and Zip Code

For further information concerning this matter, please call:

at (<u>305</u>) <u>2739382</u> (Area Code & Daytime Telephone Number) onin (Name of Contact Person)

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

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	I FLORIDA DEPARTMENT OF STATI DIVISION OF CORPORATIONS	E
	ON OR RESIGNATION OF MEMBE DA OR FOREIGN LIMITED LIABII (Pursuant to 605.0216, Florida Statut	LITY COMPANY
1. The name of the of State is:	limited liability company as it appears on the re Gloser a Castillo Managem	ecords of the Florida Dep new f Ren f L
	ament/registration number assigned to this limit	
L,	1000095907	
3. The date this me	mber/manager withdrew/resigned or will withd	raw/resign is: 130
4. 1. <u>Manue</u> (Print N	1 m in t	draw/resign as a
/	(Print Title)	
of this limited lia resignation in wr	bility company and affirm the limited liability c ting.	ompany has been notifie
Max	act O Medica	
	ssociating Member or Resigning Manager	-
Filing Fee;	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	
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