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COVER LETTER

TO:		tration Section ion of Corporations				
SUВЛ	ECT:	Baccarat Apartments, LLC				
		(Name of Limited Liability Company)				
The en	nclosed	member, resignation or dissoci	iation and fee(s	s) are submitted for filing.		
Please	return	all correspondence concerning	this matter to:			
Mario	A. La	mar				
	•	(Contact Person)				
Mario	A. La	mar, P.A.				
		(Firm/Company)		_		
3971	SW 8	St. Suite 305				
		(Address)	,,	_		
Miam	ni, Flor	ida 33134		•		
		(City/State and Zip Code)		-		
For fu	rther in	formation concerning this matt	er, please call:			
Mario	A. La	mar	305 _ at (442-4748 Dáytime Telephone Number)		
	(N	ame of Contact Person)	(Area Code	& Dáytime Telephone Number)		
	sed ple 5 Filing	ase find a check made payable t Fee		Department of State for: g Fee & Certified Copy		
Regist Division Clifton 2661 F	ration on of C n Build Executi	OURIER ADDRESS: Section Corporations ling ive Center Circle Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, Florida 32314		

CR2E079 (2/14)



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)

	• •	appears on the records of the Flor	ida Depa	artmen	ıt
of State is:	carat Apartments, LLC				
2. The Florida doci	ument/registration number assig	ned to this limited liability comp	any is:		
L1700014649	9		<u>₹</u> ,	1:7	
3. The date this me	mber/manager withdrew/resigne	d or will withdraw/resign is:	ly 14, 20	01/5	
4. 1,	an Exchange Company LLC	_, hereby withdraw/resign as a	SEE.	60	ţ
(Print N	lame of Person Resigning)		ب _ت بند	A	! (
Manager			C 020	67:11	
	(Print Tule)		iD.	6.1	
of this limited lia resignation in wr		mited liability company has been	notified	ofmy	y.
Mar	1780a				
Signature of Di	issociating Member or Resigning	g Manager			
Filing Fee:	\$25.00 (Required)				
Certified Conv	\$30.00 (Optional)				