## L17000/69233

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D. SCOTT DEC 1 4 2018

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: CHIA PROJECTS LLC	
(Name of Limited	Liability Company)
The enclosed member, resignation or dissociation	- **
Please return all correspondence concerning this	
NOREXA HENRIQUEZ	
(Contact Person)	
(Firm/Company)	
2095 W 76TH St, Suite 101	DEC 10
(Address)	· , 1
Hialeah, FL 33016	-
(City/State and Zip Code)	
For further information concerning this matter, p	olease call:
Norexa Henriquez	(786) 656 3400
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	e Florida Department of State for: \$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

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)

1. The name of the	e limited liability company	y as it appears on the records of the Florida	Departn	nent
	HIA PROJECTS LLC		33.0 £17	
2. The Florida doo	cument/registration numbe	er assigned to this limited liability company		
L1700016923	3	· 	T Ş	•
3. The date this m	ember/manager withdrew/	/resigned or will withdraw/resign is: 08/24		
4. I, GIL DE FRI	EITAS Name of Person Resigning)	, hereby withdraw/resign as a		
MANAGINO	G MEMBER (Print Title)	<del>_</del> ·		
of this limited li resignation in w	ability company and affirm	n the limited liability company has been not	tified of	my
Signature of I	Dissociating Member or Re	esigning Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			