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## COVER LETTER

TO: Registration Section  Division of Corporations		
1857 KEYSTONE POINT	LLC.	
SUBJECT: (Name of Limited Liability Company)		
The enclosed member, resignation or disso	ciation and fee(s) are submitted for filing.	
Please return all correspondence concernin	g this matter to:	
Milena Paparoni		
(Contact Person)		
1857 KEYSTONE POINT LLC.		
(Firm/Company)		
8101 Biscayne blvrd #205		
(Address)		
Miami FI 33138		
(City/State and Zip Code)	•	
For further information concerning this matter, please call:		
Milena Paparoni	786 3447017	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to \$25 Filing Fee	o the Florida Department of State for:  \$\square\$ \$55 \text{Filing Fee & Certified Copy}\$	
STREET/COURIER ADDRESS:		
Registration Section Division of Corporations	MAILING ADDRESS:	
Citton Building	Registration Section	
2661 Executive Center C:	Division of Corporations P.O. Box 6327	
Tallahassee, Florida 32301	Tallahassee, Florida 32314	

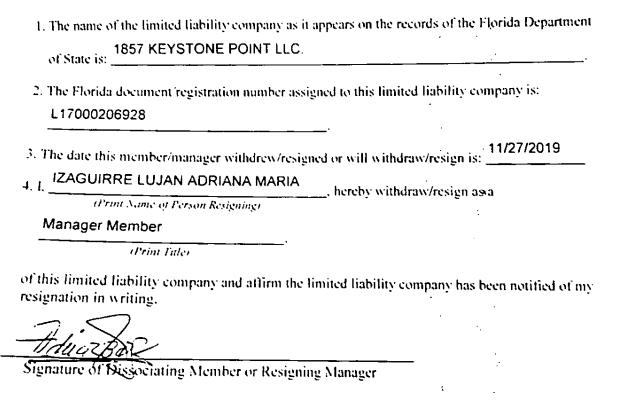
CR2E079 (2/14)



## 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)



Filing Fee:

\$25.00 (Required)

Certified Copy:

\$30.00 (Optional)