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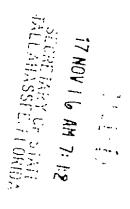
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## **COVER LETTER**

TO:

CR2E079 (2/14)

Registration Section

**Division of Corporations** PLC3 LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for fifing. Please return all correspondence concerning this matter to: ANGELA MACK (Contact Person) Tax Accounting & Financial Specialists, LLC (Firm/Company) 2295 S. Hiawassee Rd Ste 407F (Address) Orlando-Florida 32835 (City/State and Zip Code) For further information concerning this matter, please call: Angela Mack (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301



## 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 I	Plorida Department
of State is: Flor	ida 		
		signed to this limited liability co	mpany is:
L1700020774	·/		
PINHEIRO	HOMES GROUP LLC	gned or will withdraw/resign is:, hereby withdraw/resign as	<u> </u>
(Print N	iame of Person Resigning)		SSS :
	MGR		
·	(Print Title)		٠ ٦
of this limited lia resignation in wr		: limited liability company has b	콘크 (## eeppnotified of my
Signature of D	issociating Member or Resign	ning Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		