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(Requestor's Name)	
(Requestors Name)	
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(,	
(City/State/Zip/Phone #)	
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11/14/17--01039--006 **25.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Costa Hollywood Resort, LLC	
(Name of Limite	ed Liability Company)
The enclosed member, resignation or dissociat	tion and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:
Jairo Romero	
(Contact Person)	
Costa Hollywood Resort, LLC	
(Firm/Company)	
201 North Ocean Drive	
(Address)	
Hollywood, FL 33019	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
	954 401-3370
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to a \$25 Filing Fee	the 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)

I. The name of t	he limited liability company as it appears on the records of the Florid	da Depart	.ment	
of State is:	osta Hollywood Resort, LLC	基 的	17	
2. The Florida do L170002124	ocument/registration number assigned to this limited liability compar 481	ny is:	NOV 14	416
4. I, Mario Gros	nember/manager withdrew/resigned or will withdraw/resign is: sfeld, hereby withdraw/resign as a a Name of Person Resigning)	06/2017 	PH 3: 19	
Managing N	Member .			
	(Print Title)			
of this limited I	liability company and affirm the limited liability company has been rewriting.	notified o	f my	
Signature of	Dissociating Member or Resigning Manager			
Filing Fee:	` ' ' '			
Certified Conv.	\$30.00 (Optional)			