117000253665

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

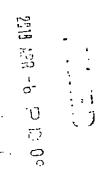
Office Use Only



900311357769

04/06/18--01029--022 **55.00

DEPOSIT



COVER LETTER

TO: Registration Section Division of Corporations			
NOVAHOUZ, LLC			
SUBJECT:			
	Limited Liability Co	ompany)	
The enclosed member, resignation or dis	sociation and fee	(s) are submitted for	filing.
Please return all correspondence concern	ing this matter to	ot.	
GUILLERMO PADILLA			
(Contact Person)			
NOVAHOUZ, LLC			
(Firm/Company)		_	
7401 SW 117th STREET			
(Address)			r` ?
MIAMI, FLORIDA 33156			5 44 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
(City/State and Zip Code)	 .	_ 	.5
For further information concerning this r	natter, please call	l:	J
GUILLERMO PADILLA	786	609.5886	<u></u>
(Name of Contact Person)	at ((Area Cod) le & Daytime Telepho	
Enclosed please find a check made payat \$25 Filing Fee		Department of State ng Fee & Certified C	
STREET/COURIER ADDRESS:		MAILING ADD	

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 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)

	limited liability company a AHOUZ, LLC	s it appears on the records of the Florida	Department	
			·	
L17000253665	-	assigned to this limited liability company	ris:	
		 03/01/)1/18	
3. The date this me MARINA SUP		signed or will withdraw/resign is:		
4. 1,		, hereby withdraw/resign as a	;;	
4. I,, hereby withdraw/resign as a *** **Print Name of Person Resigning** MEMBER**		1		
	(Print Title)		าฮ	
of this limited lia resignation in wr		he limited liability company has been no	stified of my	
Signature of D	issociating Muniber or Resi	gning Manager		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			

CR2E079 (2/14)