## 118000 236 150

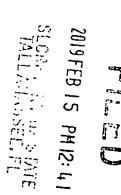
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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R. WHITE FEB 2 0 2010

CR2E079 (2/14)

### . COVER LETTER

Division of Corporations				
Podere, LLC SUBJECT:				
	(Name of Limited Liability Company)			
The enclosed member, resignation or disso	ciation and fee(s) ar	e submitted for filing.		
Please return all correspondence concerning	g this matter to:			
Ana Alves				
(Contact Person)				
(Firm/Company)				
3956 Town Center Blvd				
(Address)				
Orlando Florida 32837				
(City/State and Zip Code)				
For further information concerning this ma	tter, please call:			
Ana Alves	407 6	316-7102		
(Name of Contact Person)	(Area Code & I	Daytime Telephone Number)		
Enclosed please find a check made payable  \$25 Filing Fee	· · · · · · · · · · · · · · · · · · ·	artment of State for: e & Certified Copy		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Ro Di P.o	AILING ADDRESS: egistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314		



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### 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 as it appere, LLC	pears on the records of the Florida Department
2. The Florida docu L18000236150	<del>-</del>	d to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned	or will withdraw/resign is:
	LC  iame of Person Resigning)	
AMBR		
	(Print Title)	
of this limited lial resignation in wr	• • •	ted liability company has been notified of my
978 Alpha, Ul	issociating Member or Resigning N	
Signature of Di	issociating Member or Resigning N	Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	