## 48000 273 086

(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:				

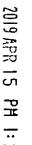
Office Use Only



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C. GOLDEN APR 2 5 2019

## COVER LETTER

Division of Corporations West End Lane LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Jairo Gonzalez (Contact Person) West End Lane LLC (Firm/Company) 9934 Nob Hill Place (Address) Sunrise, FI 33351 (City State and Zip Code) For further information concerning this matter, please call: 305 Jairo Gonzalez (Area Code & Daytime Telephone Number) (Name of Contact Person) 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

CR2F979 (294)

TO:

Registration Section



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TLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	ne limited liability company as it est End Lane LLC	appears on the records of the Florida Departmen
L800027308	•	gned to this limited liability company is:
luan C	Zanata	ned or will withdraw/resign is: January 15, 2019
AP		
	(Print Title)	
resignation in v	vriting.	limited liability company has been notified of my
Signature of t	Dissociating Member or Resigni	ng Manager
<del>-</del>	\$25.00 (Required)	
Certified Copy: -	\$30.00 (Optional)	