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COVER LETTER

TO: Registration Section Division of Corporations		
Casa Buenavista, EEC SUBJECT:		·
(Name of Lit	mited Liability Co	mpany)
The enclosed member, resignation or dissoc	ciation and feet	s) are submitted for filing.
Please return all correspondence concerning	g this matter to	:
Justin Zeig		
(Contact Person)		
Zeig Law Firm, PLLC		
(Firm/Company)		_
3475 Sheridan Street Suite 310		
(Address)		
Hollywood, Ft. 33021		
(City/State and Zip Code)	-	
For further information concerning this ma	nter, please cal	l:
Justin Zeig	754 at (217-3084
(Name of Contact Person)	(Area Cod	de & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filling Fee	e to the Florida S\$5 Fili	Department of State for: ng Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahussee, Fl., 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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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)

	e limited liability company as it appears or Buenavista, LLC	the records of the Florida Department
2. The Florida doc 1.19000057866	cument/registration number assigned to thi	s limited liability company is:
Venlan Gerares	ember/manager withdrew/resigned or will	
(Print.) Authorized Mem	·	
resignation in w	10	
Filing Fee:	Seciating Member or Resigning Manage \$25.00 (Required) \$30.00 (Optional)	