## L1900 157 438

(Re	questor's Name)	<del></del>	
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(Cit	y/State/Zip/Phone	e #)	
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 $(i_{k+1},\ldots,i_{k+1},\ldots,i_{k+1}) = (i_{k+1},\ldots,i_{k+1},\ldots,i_{k+1},\ldots,i_{k+1})$ 

19 SEP 12 AM II: 28

TROMOTOFO.

## COVER LETTER 1

TO: Registration Section	
Division of Corporations	
SUBJECT: 1320 SW 17 AVE	
	(Name of Limited Liability Company)
The enclosed member, resignation	on or dissociation and fee(s) are submitted for filing.
Please return all correspondence	concerning this matter to:
Armando Cuello	
(Contact Pers	on)
1320 SW 17 AVE LLC	
(Firm/Compa	ny)
5851 NW 117 Street	
(Address)	
Hialeah, FL 33012	
(City/State and Z	ip Code)
For further information concerni	ng this matter, please call:
Armando Cuello	at ( )
(Name of Contact Perso	n) at ()
Enclosed please find a check ma  ■ \$25 Filing Fee	de payable to the Florida Department of State for:  \$\Pi\$ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRES	SS: MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations P.O. Box 6327
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



## 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 the of State is:		s it appears on the records of	the Florida Department	
2. The Florida doc	ument/registration number a	ssigned to this limited liabili	ty company is:	
L1900015743	8			
3. The date this mo	ember/manager withdrew/res	signed or will withdraw/resig	n is:	
Ernesto R Garcia		, hereby withdraw/resis	, hereby withdraw/resign as a	
(Print N	lame of Person Resigning)		3··· ··· ·	
AMBR				
	(Print Title)			
of this limited lia resignation in wr	- · · · ·	ne limited liability company l	has been notified of my	
Signature.ofD	issociating Member or Resig	gning Manager	19 SEP I	
Filing Fee:	\$25.00 (Required)			
	\$30.00 (Optional)		70 F	