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COVER LETTER

~	tion of Corporations		
SUBJECT:	7760 NW 36 St, LLC		
SOBOLIC I	(Name of Lim	ited Liability Con	ipany)
The enclosed	d member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please return	all correspondence concerning	this matter to	
Gustavo de	e Zendegui		_
	(Contact Person)		
Zendegui L	aw Group		
	(Firm/Company)		_
1111 Kane	Concourse Suite 310		_
	(Address)		_
Bay Harbo	r Islands, FL 33154		
	(City/State and Zip Code)		_
For further i	nformation concerning this mat	ter, please call:	
Gustavo d	e Zendegui	305 at (579-3333) e & Daytime Telephone Number)
()	Name of Contact Person)	(Area Code	e & Daytime Telephone Number)
Enclosed pl ■ \$25 Filin	ease find a check made payable ig Fee	to the Florida i	Department of State for: g Fee & Certified Copy
Registration Division of Clifton Bui	Corporations Iding		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
2661 Execu	itive Center Circle		Tallahassee, Florida 3231

Tallahassee, Florida 32301

CR2E079 (2/14)

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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)

CR2E079 (2/14)