123000 173258

(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:		
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THE LARY OF STATE

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: MILES 13 LLC (Name of Limited Liability Con	mpany)
The er	nclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to:	
	ARTURO HZH (Contact Person)	_
	Wile 13 U.C. (Firm/Company)	
	192 W. SABAL DALM PLAC	<u> </u>
	ONGWOOD, FL 32779 (City/State and Zip Code)	_
For fu	rther information concerning this matter, please call:	
	Name of Contact Person) at (407) (Area Code	509-9962 & Daytime Telephone Number)
	sed please find a check made payable to the Florida E 5 Filing Fee	Department of State for: g Fee & Certified Copy
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



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)

1. The name of the	limited liability company as it appears on the records of the Florida Department		
of State is:	MILES BLC		
2. The Florida docu	ment/registration number assigned to this limited liability company is:		
L 27	3000 173250		
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 6 12 23		
4.1. PATR	acirt Anibarro, hereby withdraw/resign as a name of Person Resigning)		
MGF	Print Title)		
of this limited liab resignation in wri	oility company and affirm the limited liability company has been notified of my ting.		
Jahn Ah			
Signature of Di	ssociating Member or Resigning Manager		
Filing Fee:	\$25.00 (Required)		
Certified Copy:	S30.00 (Optional)		

70 :SIMA 91 NOF 83

SECHETARY OF STATE