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(Requestor's Name)
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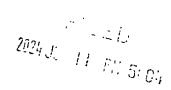
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COVER LETTER ...

Division of Corporations	
·	
SUBJECT: HOMESTAY 7 LLC	
	of Limited Liability Company)
The enclosed member, resignation or di	ssociation and fee(s) are submitted for filing.
Please return all correspondence concer	ming this matter to:
JULIAN DI MATTEO	
(Contact Person)	
HOMESTAY 7 LLC	
(Firm/Company)	
21123 NE 3RD AVE	
(Address)	
MIAMI, FL 33179	
(City/State and Zip Code)	
For further information concerning this	matter, please call:
JULIAN DI MATTEO	at (305) 788-0342
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made paya	able to the Florida Department of State for:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303





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)

	limited liability company as it appears on the records of the Florida Department JESTAY 7 LLC
2. The Florida doc L24000141908	ument/registration number assigned to this limited liability company is:
GASTON TORI	ember/manager withdrew/resigned or will withdraw/resign is:
4. I. <i>(Print)</i>	, hereby withdraw/resign as a fame of Person Resigning)
1	
	(Print Title)
of this limited lia resignation in wi	bility company and affirm the limited liability company has been notified of my iting.
GAST	ON
Signature of D	issociating Member or Resigning Manager
_	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)