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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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J. SAULSBERRY EXAMINER

ner 12 2012

COVER LETTER

Division of Corporations		
SUBJECT: Pashe's SCLA (Name of Limited Liability)	として Company)	-
The enclosed member, managing member or manager refiling.	signation and fee(s) are submitted	l for
Please return all correspondence concerning this matter t	ro:	
Abigail Watts-Fitzgera (Contact Person)		281
Go Weiss Serota Helfma (Firm/Company)	SECRETARY OF STATE ALLAHASSEE. FLORID	2817 DEC 10
2525 Ponce de Leon Blue (Address)	1 ste 700 Fins	N 80 10
Coral Gables FL 33134 (City/State and Zip Code)		<u>'</u> O
For further information concerning this matter, please ca	ill:	
(Name of Contact Person) (Area Co	ode & Daytime Telephone Number)	_
Enclosed please find a check made payable to the Florid \$25 Filing Fee	a Department of State for: \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability comp				rida Dep	artment
2. This limited liab	ility company was org				SECRETARY TALLAHASSE	2812 DEC 10 A
LO	ument/registration nun	240.	·		OF STATE E. FLORIDA	H 80 10
	ane of Person Resigning) pility company and aff					
resignation in wr		-	naomiy com	party has been	Modified	· or my
Signature of Resi	gning Member, Mana	ging Member o	r Manager			
•	\$25.00 (Required) \$30.00 (Optional)					