

L14000/42519

\_\_\_\_\_  
(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:

Office Use Only



900271580979

04/13/15--01050--018 \*\*55.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 APR 13 PM 1:03

APR 14 2015  
T. CARTER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** cham steam LLC  
\_\_\_\_\_  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

IGNACIO R. LIZAMA JR  
\_\_\_\_\_  
(Contact Person)

CHAM STEAM LLC  
\_\_\_\_\_  
(Firm/Company)

8348 LITTLE RD SUITE 187  
\_\_\_\_\_  
(Address)

NEW PORT RICHEY, FL 34653  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

IGNACIO R. LIZAMA JR at ( 727 ) 359-0277  
\_\_\_\_\_  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:  
 \$25 Filing Fee  \$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



FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 APR 13 PM 1:03

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: CHAM STEAM LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L14000142519

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4/10/2015

4. I, IGNACIO R. LIZAMA JR, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MGRM

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)