## LHOD/4991

• •	
(Requestor's Name)	
(Address)	<del></del>
(Address)	
·	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Business Entity Name)	
(Document Number)	<del></del>
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

MAR 22 2016 S. YOUNG

## **COVER LETTER**

Registration Section

TO:

Division of Corporations				
SUBJECT: MIAMI INVESTMENT AMER	ICA LLC			
(Name of Limit	ed Liability C	ompany)	-	
The enclosed member, resignation or dissocia	tion and fee	(s) are submitted for filing.		
Please return all correspondence concerning the	his matter to	:		
CAROLYN KAHL				
(Contact Person)		_		
ROCA GONZALEZ PA				
(Firm/Company)		_		1
3370 MARY STREET			16 ¥	ALLAHESSEETTES
(Address)		<del></del>	IR 2	16.0
MIAMI, FLORIDA 33133			16 HAR 21 PM 4: 57	25.51
(City/State and Zip Code)		_	÷.	r (
For further information concerning this matter	r, please cal	l:	5	
CAROLYN KAHL	305	859-6050		
(Name of Contact Person)	\ <del></del>	le & Daytime Telephone Number)	-	
Enclosed please find a check made payable to ■ \$25 Filing Fee		Department of State for: ng Fee & Certified Copy		
STREET/COURIER ADDRESS:		MAILING ADDRESS:		

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

CR2E079 (2/14)

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301



## 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)

. The Florida document/registration number assigned to this limited liability company is:	
L14000146991	
. The date this member/manager withdrew/resigned or will withdraw/resign is:  O9/28/15  I, MIAMI INVESTMENT ITALIA S.R.L., hereby withdraw/resign as a	16 HAR 2
(Print Name of Person Resigning)	
MEMBER	72
(Print Tille)	÷:
of this limited liability company and affirm the limited liability company has been notifie resignation in writing.	d of my
Flootholes	
Signature of Dissociating Member or Resigning Manager	

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)