

4/30/2021

Division of Corporations

LI600051619

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MIAMI LEGAL USA
Account Number : I20200000089
Phone : (305)456-4547
Fax Number : (305)364-5660

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
2021 APR 30 PM 4:50

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MIAMI XTREME VOLLEYBALL ACADEMY, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

FILED
21 APR 30 PM 2:40
STATE OF FLORIDA



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: MIAMI XTREME VOLLEYBALL ACADEMY, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L16000051619

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 04/27/21

4. I, Jean Carlos Rosario, hereby withdraw/resign as a
(Print Name of Person Resigning)
Member and Manager
(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)

21 APR 30 PM 2:40
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