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(Requestor's Name)	_				
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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Special Instructions to Filing Officer:					





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11/17/17--01021--010 **\$5.00

2817 NOV 1.7 PH 3: 4

J. HARRIS

COVER LETTER

SUBJECT: Diaz Athletics, 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:
Renald Scott Kanink (Contact Person)
Kaniul Law Office, PA
301 Yanato Rd #2121
Boca Raton, FL 33431
(City/State and Zip Code)
For further information concerning this matter, please call:
Ron Kanink at (561, 292 2127
(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 & Certified Copy

STREET/COURIER ADDRESS:

TO: Registration Section Division of Corporations

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 (2/14)



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		appears on the records of the F		
2. The Florida docu		signed to this limited liability cor		
3. The date this me	mber/manager withdrew/resig	gned or will withdraw/resign is:		17
	ame of Person Resigning)	, hereby withdraw/resign as	a	
		: limited liability company has be	œn notified of my	у
Signature of Di	ssociating Member or Resign	ing Manager	~ : : -	2:17
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			W.4.1.7
			·	70 31: 43

CR2E079 (2/14)