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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: FREIRE IMPORT INTER	NATIONAL LL	C
(Name of	Limited Liability Co	ompany)
The enclosed member, resignation or diss	ociation and fee	(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to	:
Carlos E Mariaca		
(Contact Person)	<u> </u>	
Center Group Corp		
(Firm/Company)		
3901 NW 79th Avenue, Suite 113		
(Address)		
Doral, FL 33166		
(City/State and Zip Code)	-	
For further information concerning this m	atter, please call	:
Carlos E Mariaca	305	468-7970
(Name of Contact Person)		e & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee		Department of State for: g 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 (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	limited liability company as	it appears on the records of the Florid	da Department
of State is: FRE	IRE IMPORT INTERNATION	IONAL LLC	·
2. The Florida doc		ssigned to this limited liability compa	ny is:
3. The date this me	ember/manager withdrew/resi	igned or will withdraw/resign is:	8/2017
4. l. Carlos E Ma	riaca	hereby withdraw/resign as a	1755. 08 d
(Print N	ame of Person Resigning)	, hereby withdraw/resign as a	1 62
Manager		WD 1	MH 8: 45
·	(Print Title)	tin.	5.4.5
of this limited lia resignation in wr		e limited liability company has been t	notified of my
Signature of Di	ssociating Member or Resign	ning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		