## L19000147282

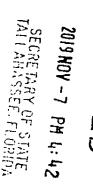
(Requ	iestor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phon	e #)
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## **COVER LETTER**

TO:	Registration Section		
	Division of Corporations		
SUBJ			
	(Name of Li	mited Liability Con	npany)
The er	nclosed member, resignation or disso	ciation and fee(s	) are submitted for filing.
Please	return all correspondence concerning	g this matter to:	
Cesa	r Pulido		
<del> </del>	(Contact Person)		_
ENSE	ENADA BOOKS LLC		
	(Firm/Company)	···	-
482 A	Ashley Brooke Ct.		
	(Address)	<del></del>	_
Apop	ka, FL. 32712		
	(City/State and Zip Code)	<del></del>	_
For fu	rther information concerning this ma	tter, please call:	
Mario	Acuna .	786	6568508
	(Name of Contact Person)	_ `	& Daytime Telephone Number)
	sed please find a check made payable 5 Filing Fee		Department of State for: Fee & Certified Copy
-	CET/COURIER ADDRESS:		MAILING ADDRESS:
_	tration Section		Registration Section
	on of Corporations n Building		Division of Corporations P.O. Box 6327
	Executive Center Circle		Tallahassee, Florida 32314
	nassee, Florida 32301		

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	e limited liability company as it appears on the records of the Florida Department
of State is:	SENADA BOOKS LLC
2. The Florida doc L1900014728	rument/registration number assigned to this limited liability company is:
Mania Anum	ember/manager withdrew/resigned or will withdraw/resign is:
4. I	, hereby withdrawnesign as a 532
Manager	Name of Person Resigning)
of this limited li	(Prim Title)  ability company and affirm the limited liability company has been notified of my riting.
	Dan
Signature of D	vissociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Conv:	\$30.00 (Optional)