11000059536

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	• #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	<u>-</u>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:

Registration Section

Division of Corporations

SUBJECT:

Invite Miami Events, 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:

Alexander Rodriguez

(Contact Person)

None

(Firm/Company)

8300 W Flagler Street Sute ZS4 E

(Address)

Miami, FL 33144

(City/State and Zip Code)

For further information concerning this matter, please call:

Alexander Rodriguez

,786

4875266

(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

\$55 Filing 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 (12/13)

2014 JAN - 2 PM 12: 10



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OR DISSOCIATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

The name of the limited liability company as it ap of State is: Invite Miami Events, LLC	opears on the records of the Flor	rida Depa	<u> </u>
2. The Florida document/registration number of this L11000059536	limited liability company is:	多百0年。[48] 第二十五日第二十五日	014 ปลุ่ม -2
3. The date this member withdrew or will withdraw	is: September 1, 2013	<u> </u>	P# 173
	, hereby resign as a MGRM	Control of the second of the s	9
(Print Name of Person Resigning)	(Pri		
of this limited liability company and affirm the lin resignation in writing.	nited liability company has been	ı notified	i of my
Alex.	MORE RODRIEVES	<u>-</u>	
Signature of Resigning or Dissociating Manage		,,	•

Filing Fee:
Certified Copy: Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)