113000037480

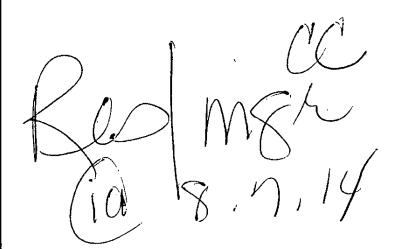
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



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07/28/14--01004--008 **55.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Por Fin Dos, LLC (Name of Lim	nited Liability Company)
The enclosed member, resignation or dissoci	
Please return all correspondence concerning	this matter to:
Juan C Jaramillo	
(Contact Person)	
Por Fin Dos, LLC	
(Firm/Company)	
1660 South Bayshore Ct., # 302	
(Address)	
Miami, FL 33133	
(City/State and Zip Code)	
For further information concerning this matt	er, please call:
Karen Hernandez	305 371-2830
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable of \$25 Filing Fee	to the Florida Department of State for: \$\begin{align*} \begin{align*} al
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, 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	limited liability company as	it appears on the records of the Florida Department
of State is: Por	Fin Dos, LLC	
2. The Florida docu L1300003768	_	signed to this limited liability company is:
3. The date this me	mber/manager withdrew/resi	gned or will withdraw/resign is:
4. I, Felipe Miran	da	, hereby withdraw/resign as a
Manager	ume of Person Resigning)	
	(Print Title)	
resignation in wr		e limited liability company has been notified of my
	ssociating Member or Resign	ning Manager
_	\$25.00 (Required) \$30.00 (Optional)	