LOP000027244

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COVER LETTER

CR2E079 (2/14)

TO:	Registration Section Division of Corporations		
SUBJ	JECT: BIG MARBLES, LLC		
	(Name of Lin	nited Liability Co	mpany)
The e	enclosed member, resignation or dissoc	iation and fee(s) are submitted for filing.
Please	e return all correspondence concerning	this matter to:	
DIAN	IA MARIEL NAVARRO		
	(Contact Person)		_
BIG	MARBLES, LLC		
	(Firm/Company)		_
1031	North Miami Beach Blvd		
	(Address)		_
Miam	ni Beach, FL 33162		
	(City/State and Zip Code)		-
For fu	urther information concerning this matt	ter, please call:	
Diana	a Navarro	786	449-6854
	(Name of Contact Person)	· \	2 & Daytime Telephone Number)
	osed please find a check made payable of 5 Filing Fee		Department of State for: g Fee & Certified Copy
	EET/COURIER ADDRESS:		MAILING ADDRESS:
~	tration Section ion of Corporations		Registration Section Division of Corporations
	on Building		P.O. Box 6327
2661	Executive Center Circle hassee, Florida 32301		Tallahassee, Florida 32314



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)

The name of the limited liability company as it apports of State is: BIG MARBLES, LLC	opears on the records of the Florida Departs	ment
2. The Florida document/registration number assigne L08000023244	ed to this limited liability company is:	
3. The date this member/manager withdrew/resigned 4. I, DANIEL ARUCA	Y.C. IT	and sees
4. I, DANIEL ARUCA (Print Name of Person Resigning) Manager / President / Secretary (Print Title)	O PHI2: 4	To age of the same
of this limited liability company and affirm the lim resignation in writing.	nited liability company has been notified of	f my
Signature of Dissociating Member or Resigning	Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)		