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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Carapeace (Name of Limited Liability	Company)
The enclosed member, resignation or dissociation and for	ee(s) are submitted for filing.
Please return all correspondence concerning this matter	to:
Nicolas Chaves	
Carapeace (Firm/Company)	
	PT 1106
key Biscayne, FL, 33149 (City/State and Zip Code)	<u> </u>
For further information concerning this matter, please c	ill:
Ni Calus (hures at (305) (Name of Contact Person) (Area Co	ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Florid \$25 Filing Fee	a Department of State for: ling Fee & Certified Copy
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

CR2E079 (2/14)

Tallahassee, Florida 32301





## 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: Carapeace UC
2. The Florida document/registration number assigned to this limited liability company is:
L17 0000 52359
3. The date this member/manager withdrew/resigned or will withdraw/resign is: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
4.1. Nicolas B Chaves , hereby withdraw/resign as a (Print Name of Person Resigning)
Manager (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Dre
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)