116000202360

					
(Re	questor's Name)				
(Ad	dress)				
(Ad	(Address)				
(Cit	y/State/Zip/Phone #/)			
_	_	_			
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Name)				
(Do	cument Number)	·			
Certified Copies	Certificates of	Status			
	_				
					
Special Instructions to	Filing Officer:				

Office Use Only



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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

RECEIVED

FEB 0 5 2018

K. SALY FEB 7 2018

COVER LETTER

	sion of Corporations					
SUBJECT:	MAID 2 SHINE MIAMI LLC					
(Name of Limited Liability Company)						
The enclose	d member, resignation or disso	ciation and fee(s) are submitted for filing.				
Please return	n all correspondence concernin	g this matter to:				
ELIWAR D	DECARVALHO					
	(Contact Person)					
ERC CON	SULTING IŅC					
	(Firm/Company)					
4699 N FE	DERAL HWY, SUITE 102E					
	(Address)					
POMPANO	D BEACH, FL 33064					
	(City/State and Zip Code)	<u></u>				
For further i	nformation concerning this ma	tter, please call:				
	Name of Contact Person)	at () (Area Code & Daytime Telephone Number)				
	ease find a check made payable	to the Florida Department of State for: \$\sigma \\$55 \text{Filing Fee & Certified Copy}\$				
Registration Division of Clifton Build 2661 Execut	Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				

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)

2. The Florida document/registration number assigned to this limited liability company is: L16000202360 3. The date this member/manager withdrew/resigned or will withdraw/resign is: MANOEL DUCA PESSOA (Print Name of Person Resigning) MRG (Print Title) of this limited liability company and affirm the limited liability company has been notified or resignation in writing. 12/20/17 Signature of Dissociating Member or Resigning Manager	of State is:	ID 2 SHINE MIAMI LLC	; 		
4. 1, MANOEL DUCA PESSOA (Print Name of Person Resigning) MRG (Print Title) of this limited liability company and affirm the limited liability company has been notified or resignation in writing.		•	er assigned to t	this limited liability co	ompany is:
4. 1, MANOEL DUCA PESSOA (Print Name of Person Resigning) MRG (Print Title) of this limited liability company and affirm the limited liability company has been notified or resignation in writing.	3. The date this m	ember/manager withdrew.	/resigned or w	ill withdraw/resign is:	12/31/2017
of this limited liability company and affirm the limited liability company has been notified or resignation in writing.		LIOA DEODOA			
of this limited liability company and affirm the limited liability company has been notified or resignation in writing.					
resignation in writing.		(Print Title)	<u>_</u> .		
12/20/17 Signature of Dissociating Member or Resigning Manager			n the limited l	iability company has b	een notified of my
Signature of Dissociating Member or Resigning Manager	M	12	2/20/17		
	Signature of D	issociating Member or Re	esigning Mana	nger	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	-	• •			