11600018865

(Re	equestor's Name)	
(Ac	Idress)	
(Ac	ddress)	
(Cî	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
(Document Number)		
Certified Copies	_ Certificates of	Status
Special Instructions to Filing Officer:		
<u> </u>		

Office Use Only



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R. WHITE
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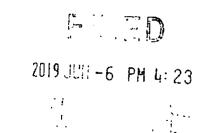
COVER LETTER

Division of Corporations		
7 WE LLC		
	imited Liability Co	mpany)
The enclosed member, resignation or disso	ociation and fee(s) are submitted for filing.
Please return all correspondence concerning	ng this matter to	
Ludmila Lacerda de Castro Barros		
(Contact Person)		
7 WE LLC		
(Firm/Company)		_
1528 Brickell Ave #108		
(Address)		· -
Miami, FL 33129		
(City/State and Zip Code)		_
For further information concerning this ma	atter, please call:	
Ludmila Barros	786	777-8968
(Name of Contact Person)		e & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee		Department of State for: g 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 (2/14)

TO: Registration Section





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 ap of State is: 7 WE LLC	ppears on the records of the Florida Department
2. The Florida document/registration number assign L16000018865	ed to this limited liability company is:
3. The date this member/manager withdrew/resigned	d or will withdraw/resign is:
4. I. (Print Name of Person Resigning)	
DIRECTOR AND MEMBER (Print Title)	
of this limited liability company and affirm the lin resignation in writing.	nited liability company has been notified of my
Signature of Dissociating Member or Resigning	Manager
Filing Fee: / \$25.00 (Required) Certified Copy: \$30.00 (Optional)	