L15000043627





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DEC 1 2 2020

COVER LETTER

Division of Corporations	
SUBJECT:	
(Name of Limited I.	iability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
Camille Rieber	
(Contact Person)	
Recor Rieber P.A.	
(Firm/Company)	
848 Brickell Ave. of 1000	
(Address)	
Miami, FL 33131	
(City/State and Zip Code)	·····
For further information concerning this matter, pl	ease call:
	305 4580240
	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	Florida Department of State for:
□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
Tatianassee, FL 32314	Tallahassee, FL 32303

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)

e en en .	limited liability company as it appears on the records of the Florida Departmen
2. The Florida doc L15000043627	ment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: October 31, 2019
4. I, Camille Rieber	, hereby withdraw/resign as a ume of Person Resigning)
MGR	
	Print Title)
of this limited lia resignation in wr	oility company and affirm the limited liability company has been notified of my ting.
Signature of D	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)