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COVER LETTER

Division of Corporations Resignation or Dissociation of Member or Manager (PDF) **SUBJECT:** (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Ariel Blanco Rodrigo Vallabriga (Contact Person) ATOMIC LOUNGE AND BAR L.L.C. (Firm/Company) 15544 SW 72 ST (Address) Miami, FL 33193 (City/State and Zip Code) For further information concerning this matter, please call: Ariel Blanco Rodrigo Vallabriga 6580351 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ■ \$55 Filing Fee & Certified Copy □ \$25 Filing Fee STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

CR2E079 (2/14)

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

TO:

Registration Section



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SECRETARY OF STATE TALL AHASSEE, FL

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)

	limited liability company as	s it appears on the records of the Florida Department L.L.C.
2. The Florida doci	ument/registration number a	ssigned to this limited liability company is:
L2100016364	5	
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is:
Alejandro Marquez Payne		, hereby withdraw/resign as a
(Print N	ame of Person Resigning)	, hereby withdraw/resign as a
VP		
	(Print Title)	
of this limited lia resignation in wr		he limited liability company has been notified of my
Signature of Di	ssociating Member or Resig	gning Manager
•	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	