## 10200003114

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	-
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
,	•	,
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





300332900473

08/08/19--01013--009 \*\*25.00

Russandion

AUG 1 3 2019

I ALBRITTON

## **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: DEVELOPMENT CONSULT	ANTS OF MIA	MI, L.L.C.
(Name of Lim	ited Liability Comp	pany)
The enclosed member, resignation or dissoci	ation and fee(s)	are submitted for filing.
Please return all correspondence concerning	this matter to:	
Juan C. Billoch aka John Billoch		
(Contact Person)		
(Firm/Company)		
13880 SW 68th Avenue		
(Address)		
Miami, FL 33158		
(City/State and Zip Code)		
For further information concerning this matte	ет, please call:	
Juan C. Billoch	305	710-8861
(Name of Contact Person)	(Arca Code &	Daytime Telephone Number)
Enclosed please find a check made payable to  ■ \$25 Filing Fee		partment of State for: 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)



## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	e limited liability company as it appears on the records of the Florida Department
	VELOPMENT CONSULTANTS OF MIAMI, L.L.C.
2. The Florida doc L0200000311	ument/registration number assigned to this limited liability company is:  4
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. I	, hereby withdraw/resign as a same of Person Resigning)
	Vame of Person Resigning)
Manager	
	(Print Title)
of this limited lia resignation in w	bility company and affirm the limited liability company has been notified of my iting.
//	Billal
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)