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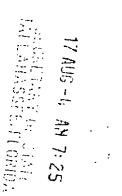
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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AUG 0 7 2017 J SHIVERS

. COVER LETTER

_	stration Section sion of Corporations				
SUBJECT:	Dileto, LLC				
	(Name of Limited Liability Company)				
The enclosed	l member, resignation or dissoci	ation and fee(s) are submitted for filing.		
Please return	all correspondence concerning	this matter to:			
Gabriela Jir	menez				
	(Contact Person)		_		
Dileto, LLC					
	(Firm/Company)		-		
7330 NW 1	14 Ave., Unit 208				
	(Address)		_		
Miami, FL 3	33178				
	(City/State and Zip Code)		-		
For further in	nformation concerning this matte	er, please call:			
Christopher	r J. Klein	305	609-9997		
(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)		
Enclosed ple \$25 Filing	ase find a check made payable to g Fee		Department of State for: Fee & Certified Copy		
	OURIER ADDRESS:		MAILING ADDRESS:		
Registration Division of C			Registration Section Division of Corporations		
Clifton Build	fing		P.O. Box 6327		
	ive Center Circle Florida 32301		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)

1. The name of the of State is:		it appears on the records of the Flor	ida Department
2. The Florida docu L0300001569	· ·	ssigned to this limited fiability compa	any is:
4. I. Carlos Sanct	1 6 7	igned or will withdraw/resign is: Au	igust 2, 2017
Managing Me	mber (MGRM) (Print Title)		148874 14474 14-90
of this limited lial resignation in wr	bility company and affirm the	ne limited liability company has been	notified of my
Signature of Di	ssociating Member or Resig	ning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		