## L05000016243

| (Re                                     | equestor's Name) |             |  |  |
|---|------------------|-------------|--|--|
| (Ac                                     | ldress)          |             |  |  |
| (Ac                                     | ldress)          |             |  |  |
| (City/State/Zip/Phone #)                |                  |             |  |  |
| PICK-UP                                 | ☐ WAIT           | MAIL        |  |  |
| (Business Entity Name)                  |                  |             |  |  |
| (Document Number)                       |                  |             |  |  |
| Certified Copies                        | _ Certificates   | s of Status |  |  |
| Special Instructions to Filing Officer: |                  |             |  |  |
|   |                  |             |  |  |
|   |                  |             |  |  |
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|   |                  |             |  |  |

Office Use Only



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## **COVER LETTER**

| Division of Corporations  |   |
|---|---|
| SUBJECT: METRODISH LL (Name of Limited Lia  | bility Company)   |
| The enclosed member, managing member or manafiling.   | ger resignation and fee(s) are submitted for  |
| Please return all correspondence concerning this m  | atter to:   |
| RICHARD LOVELACE (Contact Person)   |   |
| METRODISH, LLC (Firm/Company)   |   |
| 19501 NE 1074 AVE =   | ¥ 205   |
| MIAMI, FL 33179 (City/State and Zip Code)   |   |
| For further information concerning this matter, ple   | ase call:   |
| Richard Lovelact at (A) (Name of Contact Person) (A)  | 786 )295, 1812<br>rea Code & Daytime Telephone Number)  |
| Enclosed please find a check made payable to the local \$25 Filing Fee  | Florida Department of State for:  \$55 Filing Fee &  Certified Copy                                     |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |

Tallahassee, Florida 32301

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

|   | limited liability company as it appears on the records of the F       | lorida Department                |
|---|---|----------------------------------|
| 2. This limited liab                      | ility company was organized under the laws of:                        | OT JAN -2 SECRETARIASS TALLAHASS |
| 3. The Florida docu<br>LOS OC             | ument/registration number of this limited liability company is:       | AHIO: 36  OF STATE SEE, FLORID   |
| 4. I, <b>ZOBER</b> T<br>(Print N          | O FERNANDEZ, hereby resign as a MG (I                                 | Print Title)                     |
| of this limited lial<br>resignation in wr | bility company and affirm the limited liability company has be iting. | en notified of my                |
| Signature of Resi                         | igning Member, Managing Member or Manager                             |                                  |
| Filing Fee:<br>Certified Copy:            | \$25.00 (Required)<br>\$30.00 (Optional)                              |                                  |