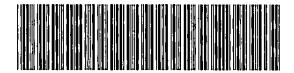
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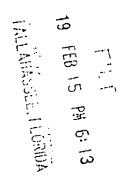
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
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(Business Entity Name)					
(Document Number)					
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FEB 2 0 2019 S. YOUNG

## **COVER LETTER**

TO: Registration Section Division of Corporations SOMANA, LLC 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: DENNIS NICKERSON C/O BARRY BRANT (Contact Person) BERKOWITZ POLLACK BRANT (Firm/Company) 200 S. BISCAYNE BLVD., 7TH FLOOR (Address) MIAMI, FL 33131-5310 (City/State and Zip Code) For further information concerning this matter, please call: **DENNIS NICKERSON** 305 798-8241 \_ at (\_ (Name of Contact Person) (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 STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301



## 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)

SO	e limited liability company as it MANA, LLC		Florida D	epartm	nent
	cument/registration number assig		ompany is	:	
ESTELA P.	ember/manager withdrew/resign DE CARVALHO NICKERSON	J		018	_
(Print I	Name of Person Resigning)	, nereby withdraw/resign as	i a		
_	(Print Title)				
resignation in wi	Millelle-		een notifi	ed of n	ny
Signature of D	issociating Member or Resigning	g Manager	IALLA	19 F	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		ALLAHASSEE, FLORIL	FEB 15 PH 6:1	