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(Requestor's Name)			
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APR 15 2016

J SHIVERS

COVER LETTER

SUBJECT:

Subject:

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:

NCALL: Sunday Sandberg, UP

(Contact Persyn)

Simon, Schindler & Sandberg, UP

(Firm/Company)

2010 Biscary Blvd.

(Address)

Miani, F. 33137

(City/State and Zip Code)

For further information concerning this matter, please call:

NCALL: Sunday Code (305), 574 1350

Enclosed please find a check made payable to the Florida Department of State for:

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

\$55 Filing Fee & Certified Copy

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

□ \$25 Filing Fee

TO:



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	limited liability company as	it appears on the records of the Florida Department
of State is:	chez Arango Equipment &	Leasing L.L.C.
2. The Florida docu	iment/registration number as	signed to this limited liability company is:
L0600009101	8	
3. The date this me Lazaro Arang	mber/manager withdrew/resi	gned or will withdraw/resign is: 3-25-16
4. I. (Print Name of Person Resigning)		— , incress, within any congress to the second seco
Member/Manager		38.58 14.78 14.78
· · · · · · · · · · · · · · · · · · ·	(Print Title)	
of this limited liab resignation in wr		e 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)	