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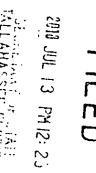
(Re	questor's Name)	
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COVER LETTER

_	stration Section sion of Corporations		
SUBJECT:	MARIA'S PLACE LLC		
55555511	(Name of L	imited Liability Cor	npany)
The enclosed	d member, resignation or disso	ociation and fee(s	s) are submitted for filing.
Please return	all correspondence concerning	g this matter to:	
SERGIO R	UBALCABA		
	(Contact Person)		_
MARIA'S P	PLACE LLC		
	(Firm/Company)		_
2021 SW 3	AVE #1203		
	(Address)		_
MIAMI, FL	33129		
	(City/State and Zip Code)		_
For further in	nformation concerning this ma	itter, please call:	
Maria Alme	eida MGR	305 at (968 5575
(N	lame of Contact Person)		& Daytime Telephone Number)
Enclosed ple	ease find a check made payable g Fee		Department of State for: g Fee & Certified Copy
STREET/C Registration	OURIER ADDRESS: Section		MAILING ADDRESS: Registration Section
Division of O	Corporations		Division of Corporations
Clifton Build	0		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)

	e limited liability company as it	t appears on the records of the Flo	orida Department	
2. The Florida doo L0700012431		igned to this limited liability comp	pany is:	
3. The date this m	ember/manager withdrew/resig	med or will withdraw/resign is:	uly 11,2018	
	Name of Person Resigning)	, hereby withdraw/resign as a		
Managing Me	ember (MGR) (Print Title)			
of this limited lia resignation in wi	ibility company and affirm the litting.	limited liability company has beer	n notified of my 2010 JUL 13	J.
Signature of D	issociating Member or Resignii	ng Manager		FILE
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		PM 12: 2:	D