108000017182

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
- PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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COVER LETTER

TO: Registration Section

CR2E079 (2/14)

Division of Corporations			
SUBJECT: PURA VIDA SEVEN, LLC	;		
	Limited Liability Com	ipany)	
The enclosed member, resignation or disse	ociation and fee(s)) are submitted for 1	filing.
Please return all correspondence concerni	ng this matter to:		
JAN A YELEN			
(Contact Person)		-	
YELEN & YELEN PA			
(Firm/Company)		-	
1104 Ponce de Leon Boulevard			
(Address)		-	
Coral Gables, FL 33134			
(City/State and Zip Code)		-	
For further information concerning this ma	atter, please call:		ZOIG SEP
JAN A. YELEN	305 at (445-3721	HASS.
(Name of Contact Person)	(Area Code	& Daytime Telephon	
Enclosed please find a check made payabl	e to the Florida D	epartment of State	for :
■ \$25 Filing Fee		Fee & Certified Co	
STREET/COURIER ADDRESS: Registration Section		MAILING ADDR	
Division of Corporations		Registration Section Division of Corpor	
Clifton Building		P.O. Box 6327	ations
2661 Executive Center Circle		Tallahassee, Florid	a 32314
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)

1. The name of the	limited liability company as	s it appears on the records	of the Florida Department
of State is:	A VIDA SEVEN, LLC		
2. The Florida docu L08000017183	nment/registration number a: 2	ssigned to this limited liab	oility company is:
3. The date this me	mber/manager withdrew/res	signed or will withdraw/re	esign is:
ROBERT R.	SMITH	, hereby withdraw/re	
(Print N	ame of Person Resigning)	, noroby withdraw,	voigii us u
Managing Me	mber		
-	(Print Title)		
of this limited lial resignation in wri	pility company and affirm th	ne limited liability compar	ny has been notified of my
Rul -	Las Saff	7	20 K
Signature of Di	ssociating Member or Resig	ning Manager	
_	\$25.00 (Required) \$30.00 (Optional)		D :5