# L09000028441

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SECRETARY OF STATE

FILED 14 JUL 28 PM 9: 56

C.M. 8-12-14

#### **COVER LETTER**

Division of Corporations		
SUBJECT: Prinzessa L. (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:		
Rosa Mayra Riguero (Contact Person)		
Prinzesa (Firm/Company)	e <b>1</b>	
4740 SW DD AVC.  (Address)	4 JUL 28	
Miami FL: 33155 (City/State and Zip Code)	PH 9: 56	
For further information concerning this matter, please call:		
ROSA RIGUED at (186) 218-9800 (Area Code & Daytime Telephone Number	per)	
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



### 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 lin	nited liability company as it appears on the records of the Florida Department
	rinzzesa, LLC
2. The Florida docum	ent/registration number assigned to this limited liability company is:
L09000	0028441
3. The date this mem	per/manager withdrew/resigned or will withdraw/resign is: 12 3 1 20 3
4.1, Lugna	he of Person Resigning), hereby withdraw/resign as a
_Managa	int Title)
of this limited liabil resignation in writing	ity company and affirm the limited liability company has been notified of my
Signature of Diss	ociating Member or Resigning Manager
/	
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)