L0900057571

(Re	equestor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
	<u></u>			

Office Use Only



600284867636

05/05/16--01011--001 **25.00



SILILOX

COVER LETTER

TO: Registration Section
Division of Corporations
SUBJECT: 7 O Net LLC (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:
Luis 9 Perez (Contact Person)
(Contact Person) ALCOHOLIC MARCHANIC SECURITION OF THE PERSON OF THE PE
(Firm/Company)
4742 Ashurs 51 (Address)
HISSIMMEE, FL, 34758 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (407) 460 0097 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sim \\$25 \text{ Filing Fee & Certified Copy}\$

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 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)

1. The name of the l	imited liability company as	it appears on the record	s of the Florida Department
of State is: <u>¶e</u>	wralmet UC		
2. The Florida docu	ment/registration number as	ssigned to this limited li	ability company is:
L09000	057571	·	
3. The date this men	nber/manager withdrew/res	igned or will withdraw/i	resign is: <u>01/01/2<i>016</i></u>
4. I, Alejandr	TECEZ ime of Person Resigning)	, hereby withdraw/	resign as a
Hana	per		
/	Print Title)		
of this limited liab resignation in writ	• •	e limited liability compa	any has been notified of my
			7.0 -
Signature of Dis	sociating Member or Resign	ning Manager	16 /
rii r	\$25.00 (D)		ASSISTANCE TO THE PART OF THE
Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		5 P